



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name DOUG MOORE Date: 6-4-24
Site Address 2891 MABRY RD ANGIER NC 27501 Phone: 919-291-6390
Subdivision: _____ Lot: 2
Description of Proposed Work: METAL BUILDING Total Job Cost: \$ 40,000.00

General Contractor Information

Pre Built Structures 336-415-4734
Building Contractor's Company Name Telephone
PO Box 350 Mount Airy NC _____
Address 27030 Email Address
HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole Yes No
MABRY'S ELECTRICAL
Electrical Contractor's Company Name Telephone
731 MABRY RD ANGIER NC 27501 DANIEL@MABRYELECTRICAL.COM
Address Email Address
150770
License # _____

Mechanical/HVAC Contractor Information

Description of Work MINI SPLIT INSTALL
STEPHENSON HEATING & AIR 919-329-0686
Mechanical Contractor's Company Name Telephone
343 SHIPWASH DR. GARNER NC 27529 STEPHENSONHVAC@AOL.COM
Address Email Address
18644
License # _____

Plumbing Contractor Information

Description of Work BATHROOM FOR SHOP # Baths 1
THORNTON'S PLUMBING 919-291-2381
Plumbing Contractor's Company Name Telephone
3160 A VINSON RD CLAYTON NC _____
Address Email Address
22152
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

6-4-24

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:

OWNER

Date:

6-4-24