



Application # _____

Harnett County Central Permitting
PO Box 67 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: Vicky Wilder Date: 7/5/24

Site Address: _____ Phone: _____

Subdivision: LILLINGTON, NC Lot: _____

Description of Proposed Work: 21X18 ADDITION Total Job Cost: \$65,000

General Contractor Information

Building Contractor's Company Name: MOSS HOME BUILDERS & REALTY INC Telephone: (910) 890-2111

Address: PO BOX 577 LILLINGTON, NC 27546

HEATED SQ FT _____ GARAGE SQ FT _____

License # 18637

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name: PIONKA ELECTRIC & MAINTENANCE INC Telephone: (910) 814-3751

Address: 4212 OLD US 421 LILLINGTON, NC 27546

License # 21643

Mechanical/HVAC Contractor Information

Description of Work _____ Mechanical Contractor's Company Name: BRASLEY'S A/C & AIR INC Telephone: (910) 894-4248

Address: 57 WC BRASLEY LN, COATS, NC

License # 9497

Plumbing Contractor Information

Description of Work _____ Plumbing Contractor's Company Name: WILLIFORD PLUMBING Telephone: (919) 915-0533

Address: 865 FERNIGAN LOOP RD DUNN, NC

License # 30747

Insulation Contractor Information

Insulation Contractor's Company Name & Address: STEPHENS BING PRODUCTS Telephone: (919) 630-8365

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

7/5/24
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: [Signature] VP

Date: 7/5/24