



Application # \_\_\_\_\_

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546

PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: Charles & Sarah Hoggard Date 07-22-2024

Site Address: 209 Holder Rd Lillington NC 27546 Phone 910-286-4533

Subdivision: n/a Lot \_\_\_\_\_

Description of Proposed Work: Installation of 110ft Flush mount main beam replacement; 1000ft Sister Joist Total Job Cost 46600

**General Contractor Information**

Southeast Foundation and Crawlspace Repair LLC 910-490-4163

Building Contractor's Company Name Telephone

709 1/2 Southwest Blvd Clinton NC 28328 swarren@sefoundationrepair.com

Address Email Address

Limited-88118 **HEATED SQ FT** 1746 **GARAGE SQ FT** \_\_\_\_\_

License #

**Electrical Contractor Information**

Description of Work n/a Service Size: \_\_\_\_\_ Amps T-Pole: Yes No

\_\_\_\_\_  
Electrical Contractor's Company Name Telephone

\_\_\_\_\_  
Address Email Address

\_\_\_\_\_  
License #

**Mechanical/HVAC Contractor Information**

Description of Work n/a \_\_\_\_\_

\_\_\_\_\_  
Mechanical Contractor's Company Name Telephone

\_\_\_\_\_  
Address Email Address

\_\_\_\_\_  
License #

**Plumbing Contractor Information**

Description of Work n/a # Baths \_\_\_\_\_

\_\_\_\_\_  
Plumbing Contractor's Company Name Telephone

\_\_\_\_\_  
Address Email Address

\_\_\_\_\_  
License #

**Insulation Contractor Information**

n/a \_\_\_\_\_  
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.**

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

07-22-2024  
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: Sitira Warren/Agent Date: 07-22-2024