

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: STEPHEN JAY BRIDGES Date 7/24/24  
 Site Address: 199 WINDSWEEP WAY Phone 916-880-0444  
 Subdivision: PROVIDENCE CREEK Lot 50  
 Description of Proposed Work: SCREENED PORCH Total Job Cost \$ 5000

**General Contractor Information**

OWNER BUILDER / STEVE BRIDGES 916-880-0444  
 Building Contractor's Company Name Telephone  
199 WINDSWEEP WAY STEVE.BRIDGES@LENNAR.COM  
 Address Email Address  
N/A HEATED SQ FT N/A GARAGE SQ FT N/A  
 License #

**Electrical Contractor Information**

Description of Work SCREENED PORCH FAN Service Size: 20 Amps T-Pole:  Yes  No  
THE PLUG ELECTRICIAN 919-969-3374  
 Electrical Contractor's Company Name Telephone  
187 SMITHFIELD CARY NC THEPLUGELECTRICIAN@GMAIL.COM  
 Address Email Address  
L. 37367  
 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.



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

7/24/24

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: \_\_\_\_\_

7/24/24