

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name:Joshua Knight		Date	7/24/24
Site Address: 239 Kensington Drive Spring Lake, NC		817	-733-1916
Subdivision: Anderson Creek area			
Description of Proposed Work:build small garage bay			
General Contractor Information			
Caviness and Cates Building & Development	910-481-0503		
Building Contractor's Company Name	Telephone		
639 Executive Place Fayetteville NC 28305	jmarsh@cavinessandcates.com		
Address	Email Address		
59586 HEATED SQ FT GARAGE SQ	FT 112 sqft		
License #	<u> </u>		
<u>Electrical Contractor Information</u> Description of Work <u>installing outlets and switches</u> Service Size:		ole: `	Yes No
JM Pope Electric LLC			
Electrical Contractor's Company Name	919-343-8534 Telephone		
409 Chatham Street, Sanford, NC	tysonp223@gmail.com		
Address	Email Address		
21326			
License #			
Mechanical/HVAC Contractor Information of Work N/A	ation_		
Description of Work N/A			
Mechanical Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Plumbing Contractor Information	1		
Description of Work N/A	- # Baths		
Plumbing Contractor's Company Name	Telephone		
Address	Email Address		
License #	•		
Insulation Contractor Information N/A	<u>1</u>		
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.

7/24/24

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
X 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:			
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
X Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.			
X 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: Division Manager Date: 7/24/24			