

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

Application for Residential Building and Trades Permit

Owner's Name: Robert Daniel Clifford	Date 08-19-2024
Site Address: 795 River Rd, Fuquay Varina, NC 27526	THE RESERVE THE PARTY OF THE PA
Subdivision: Raven Ridge Subdivision	Lot 3
Description of Proposed Work: Stand Alone Metal Garage	Total Job Cost \$18,000
General Contractor Info	
Building Contractor's Company Name	Telephone
628 Romie Snow Rd, Dobson, NC 27017	Rivasbgc@gmail.com
Address	Email Address
87790 HEATED SQ FT GAI	RAGE SQ FT 840
License #	
Description of Work Connect power to existing house main panel Servi	<u>formation</u> ce Size: ⁶⁰ Amps T-Pole: <u> </u> Yes <u>x </u> No
Harte Electric, LLC	919-639-6851
Electrical Contractor's Company Name	Telephone
7836 NC Hwy 55 S, Willow Springs NC 27592	harteelectricnc@gmail.com
Address	Email Address
23339	
License #	
Mechanical/HVAC Contracto	or Information
Description of Work N/A	A STATE OF THE PROPERTY OF THE
And the second of the second o	
Mechanical Contractor's Company Name	Telephone
Adda	Email Address
Address	Email Address
License #	
Plumbing Contractor In	<u>formation</u>
Description of Work N/A	# Baths_
Description of Work	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor In	<u>formation</u>
N/A	
Insulation Contractor's Company Name & Address	Telephone

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

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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

8/19/2024

Date

344				
			Worker's	Compensation N.C.G.S. 87-14
The ur	ndersigned applicant be	ing the:		
4	_ General Contractor	RC	_Owner _	Officer/Agent of the Contractor or Owner
	reby confirm under pen th in the permit:	alties of	perjury that	the person(s), firm(s) or corporation(s) performing the work
	Has three (3) or more	employe	es and has o	obtained workers' compensation insurance to cover them.
them.	Has one (1) or more su	ubcontra	ectors(s) and	has obtained workers' compensation insurance to cover
x coveri	Has one (1) or more sung themselves.	ubcontra	ctors(s) who	has their own policy of workers' compensation insurance
	Has no more than two	(2) emp	loyees and r	no subcontractors.
Depar to issu	tment issuing the permi	t may re	quire certific	is sought it is understood that the Central Permitting ates of coverage of worker's compensation insurance prior the permitted work from any person, firm or corporation
Sign v	0	9	4	Date: 8/19/2024