

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:	Justin & Bethanie Gilbert		Date	19 Aug	24
Site Address: 593 Pope Lake Road, Angier NC 27501		Phone	402-2	50-7223	
Subdivision: Pope Lake, Phase 1		Lot	5		
Description of Proposed Work:	Pre-fabricated Shed	Total Job Cost	\$10,00	0	
General Contractor Informat	tion				
Justin Gilbert		402-250-7223			
Building Contractor's Company Name		Telephone			
593 Pope Lake Rd, Angier NC, 27501		justingilbert523@gmail.com			
Address		Email Address		100000000000000000000000000000000000000	
	HEATED SQ FT_0_ GARAGE	SQ FT_0			
License #	Electrical Contractor Information				
Description of Work N/A	<u>Electrical Contractor Information</u> Service Size:	Amps T-F	ole:	Yes	No
	_			_	
Electrical Contractor's Company Name		Telephone			_
Address		Email Address			
License #	Mechanical/HVAC Contractor Informa	tion			
Description of World N/A		<u>utori</u>			
Description of Work N/A			-		
Mechanical Contractor's Company Name		Telephone			
meentanear contractor o compe	in, raine	Тегерпопе			
Address		Email Address			_
License #					
	Plumbing Contractor Information				
Description of WorkN/A		# Baths		_	
-					_
Plumbing Contractor's Company Name		Telephone			
Address					_
Address		Email Address			
License #					
Elocitor II	Insulation Contractor Information				
N/A					
Insulation Contractor's Company	y 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. 23 Aug 24
Date

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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor X 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.
$\overline{\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
\underline{X} Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
X 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: