



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: Heather Watson Date 8/29/24
Site Address: 85 Dove Trail Sanford NC 27332 Phone 925 639 3986
Subdivision: Carolina Lakes Lot # 16 BLK # 1 Carolina Lks PC # 1/20
Description of Proposed Work: Room addition + masonry porch Total Job Cost 50,000.00

General Contractor Information

Home Owner / Heather Watson Telephone 925 639 3986
Building Contractor's Company Name _____
85 Dove Trail Sanford NC 27332 Address _____
License # N/A HEATED SQ FT 1350 GARAGE SQ FT 250

Electrical Contractor Information

Description of Work Wire new addition Service Size: 200 Amps T-Pole: Yes No
Brandon Lee Electric Telephone 910 709-7896
Electrical Contractor's Company Name _____
1537 Ottis Byrd Ln Dunn NC 28333 Address _____
License # 29333-i Email Address _____

Mechanical/HVAC Contractor Information

Description of Work Existing
None needed
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work None needed # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Tri City, Fay NC
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.

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

8/29/24
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: Heather Watson owner Date: 8/29/24