

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: Christen Moore	Date 09/19/2024
Site Address: 342 Park Lane, NC 27521	
	Lot 5
Description of Proposed Work: Crawlspace Encapsulation	Total Job Cost <u>\$18,700.00</u>
General Contracto	
Groundworks North Carolina LLC. T/A Tar Heel Basement Syste	ems (910) 550-1061
Building Contractor's Company Name	Telephone
1741 Corporate Landing Pkwy., Virginia Beach, VA 23454	raleighaccounting@tarheelbasementsystems.co
Address	Email Address
79336 HEATED SQ FT 1,183	GARAGE SQ FT
License # Electrical Contract	or Information
Description of Work	Service Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
7	
Address	Email Address
License #	
Mechanical/HVAC Cont	tractor Information
Description of Work	
<u> </u>	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contract	or Information
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Trumbing Contractor's Company Name	тетернопе
Address	Email Address
License # Insulation Contract	or Information
modation contract	or mornidayii
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 <a href="by-signing-below-I have obtained all subcontractors-permission to obtain these permits">by-signing-below-I have obtained all subcontractors-permission to obtain these permits</a> and if <a href="mailto:any">any</a> 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.

09/19/2024

Chasteon Adles

Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14  undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor or Owner hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work 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 m.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance ering themselves.  Has no more than two (2) employees and no subcontractors.  It working on the project for which this permit is sought it is understood that the Central Permitting partment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation ying out the work.	
he undersigned applicant being the:	
General Contractor Owner X Officer/Agent of the Contractor or Owner	
On hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work et 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 nem.	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing 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 issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work.	
Sign w/Title:	