



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: Anthony + Ashlynn Miller Date _____

Site Address: 8296 Christian Light Rd, Fuquay-Varina, NC 27526 Phone 919-812-2904

Subdivision: _____ Lot _____

Description of Proposed Work: 20x40 addition Total Job Cost 80,000

General Contractor Information

Anthony + Ashlynn Miller 919-812-2904
Building Contractor's Company Name Telephone
8296 Christian Light Rd, Fuquay-Varina, NC 27526 mrs. ashlynnmiller@gmail.com
Address Email Address

HEATED SQ FT _____ GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No

Owner _____
Electrical Contractor's Company Name Telephone

Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work Installation of new unit, duct work
Armor Air LLC 919-920-7190
Mechanical Contractor's Company Name Telephone
9575 Big Bay Rd, Linden, NC armorairllc@gmail.com
Address Email Address
36205

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Owner _____
Plumbing Contractor's Company Name Telephone

Address _____ Email Address _____

License # _____

Insulation Contractor Information

John Foy 910-890-8973
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.

Aslam M. Ni
Signature of Owner/Contractor/Officer(s) of Corporation

8-28-24
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: *Aslam M. Ni*

Date: 10/10/24