

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: <u>Lyndra Johnson</u>	Date 10/22/20)2
Site Address: 305 Northview Drive	Phone (919) 478-11	1
Subdivision: Sunset Ridge	Lot 42	
Description of Proposed Work: Storage shed	Total Job Cost \$ 4747.50	
General Contrac		
Dura Built, LLC	(919) 708-5443	
Building Contractor's Company Name	Telephone	
1803 Keller Andrews Rd., Sanford, NC 27332	sales@durabuiltsanford.com	
Address	Email Address	
N/A HEATED SQ FT N/A	GARAGE SQ FT N/A	
License #		
Description of Work N/A		No
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
7.441000	Email / taalooo	
License #		
Mechanical/HVAC Co	ntractor Information	
Description of Work N/A		
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Plumbing Contract	ctor Information	
Description of Work N/A	# Baths	
Diversion Contractor's Comments Name	Talanhana	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contra	ctor Information	
N/A		
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.

Lyndra McLeod Johnson Signature of Owner/Contractor/Officer(s) of Corporation	10/22/2024	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner Off	icer/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 we	orkers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtain them.	ed workers' compensation insurance to cover	
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 subcontr	ractors.	
While working on the project for which this permit is sought it Department issuing the permit may require certificates of cov to issuance of the permit and at any time during the permitted carrying out the work.	rerage of worker's compensation insurance prior	
Sign w/Title: Lyndra McLeod Johnson	Owner Date: 10/22/2024	