

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: Lauren Hadley		Date 11/18/2024
Site Address: 168 Woodview Ct. Fuquay-Varina, NC 27526	Phone	919-542-9198
Subdivision: Woodview	Lot	
Description of Proposed Work: New Deck Build		
General Contractor Information	on	
Elite Xteriors NC	919-685-0699	
Building Contractor's Company Name	Telephone	
120 Preston Executive Dr. Cary, NC 27513	Eric@elitexteriorsnc.com	
Address	Email Address	
N/A HEATED SQ FT GARAGE S	SQ FT	
License #		
Description of Work Service Size		Pole:YesNo
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
License # Mechanical/HVAC Contractor Inform Description of Work	<u>.</u>	-
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License # Plumbing Contractor Informati	on	
Description of Work	 # Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License # Insulation Contractor Informati	on	
modulation contractor informati	<u> </u>	
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.

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Office Operat	11/18/2024		
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 Office	er/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 work	kers' compensation insurance to cover them.		
Has one (1) or more subcontractors(s) and has obtained them.	d workers' compensation insurance to cover		
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: General Contractor	Date: 11/18/2024		