



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: Don and Janice Opatka Date 11/21/24
Site Address: 3715 S. River Rd, Lillington, NC 27546 Phone 919-641-8996
Subdivision: N/A Lot _____
Description of Proposed Work: Upgrading Total Job Cost \$40,000

General Contractor Information

Don Opatka 919-641-8996
Building Contractor's Company Name Telephone
2704 Triple Oak Dr, Morrisville, NC 27560 don.opatka@yahoo.com
Address Email Address
Home owner HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work Upgrade, Renovation Service Size: 400A Amps T-Pole: Yes No
KJ Solis Electric LLC 910-416-4537
Electrical Contractor's Company Name Telephone
1853 Morgan J Rd Shannon, NC 28386 solisj2414@gmail.com
Address Email Address
L 36143
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC System
Servtechs Heating and Air 910-644-5853
Mechanical Contractor's Company Name Telephone
PO Box 9195 Fayetteville, NC
Address Email Address
L 34889
License #

Plumbing Contractor Information

Description of Work Upgrade, Renovation # Baths 3
Homeowner - Don Opatka 919-641-8996
Plumbing Contractor's Company Name Telephone
N/A don.opatka@yahoo.com N/A
Address Email Address
Homeowner - Don Opatka
License #

Insulation Contractor Information

Homeowner - Don Opatka 919-641-8996
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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

11/21/24
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: Homeowner Don Opatha [Signature] Date: 11/21/24