



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: Diana Layman Date 12/14/2024

Site Address: 64 Relaxing Place Fuquay Varina NC 27526 Phone _____

Subdivision: Serenity Lot 27

Description of Proposed Work: Convert attic space to rec room Total Job Cost \$50,000

General Contractor Information

Scoggins Ave, LLC - (Victor Poole) 919-368-8727

Building Contractor's Company Name Telephone

8705 Hidden View Ct Raleigh NC 27613 scoggins.ave@gmail.com

Address Email Address

99500 HEATED SQ FT 320 GARAGE SQ FT N/A

License #

Electrical Contractor Information

Description of Work New Lights, switches and receptacles Service Size: 200 Amps T-Pole: Yes No

C&M Power, LLC Telephone (919) 444-3855

Electrical Contractor's Company Name Telephone

194 Country Routt Brown Rd Pittsboro NC 27312 admin@cmpowerllc.com

Address Email Address

L.36643

License #

Mechanical/HVAC Contractor Information

Description of Work Add 2 new registers, add thermostat

Emerson Dagoberto Lopez Telephone (919) 348-3243

Mechanical Contractor's Company Name Telephone

122 Otis Ct Middlesex, NC, 27557 ncairservices94@gmail.com

Address Email Address

35044

License #

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

Scoggins Ave, LLC - 8705 Hidden View Ct Raleigh NC 27613 919-368-8727

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 of Owner/Contractor/Officer(s) of Corporation

12/14/2024

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:  Owner/Manager Date: 12/14/2024