

RESIDENTIAL BUILDING APPLICATION

Site Address: 770 Mt. Olive Church Rd Lillington PIN: _____
Owner: Patricia Meza Phone: 910-751-2241 Email: Patricia033@aol.com
Description of Proposed Work: 16x10 Deck Total Job Cost: 6,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Owner Patricia Meza
General Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Electrical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name _____ Phone _____



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Patricia Meyer

Signature of Owner/Contractor/Officer of Corporation

6/13/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☒ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

P. Meyer

Signature of Owner/Contractor/Officer of Corporation

6/13/25
Date