



Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # _____

* Each section below to be filled out by whomever performing work. 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: Mike Burke Date: 3/7/25
Site Address: 1823 Oakridge River Road Phone: 9193238454
Subdivision: N/A Lot: 2
Description of Proposed Work: basement renovation & 1/2 bathroom Total Job Cost: 21,535.00

General Contractor Information

Owner Mike Burke
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
HEATED SQ FT _____ GARAGE SQ FT NA
License # _____

Electrical Contractor Information

Description of Work Recess lighting, 120amp switch Service Size: 200 Amps T-Pole: ☐ Yes ☒ No
HARRIS ELECTRICAL CONTRACTORS 919-694-1485
Electrical Contractor's Company Name _____ Telephone _____
92 CORNERSTONE DR PMB 327, CARY, 27519 HARRISELECTRICALCONT@GMAIL.COM
Address _____ Email Address _____
U.35997
License # _____

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work Bath addition w/saniflow # Baths 1
Plumbserve LLC 919-964-9504
Plumbing Contractor's Company Name _____ Telephone _____
Po Box 111 Creedmoor NC 27522 admin@plumbserve.com
Address _____ Email Address _____
35021
License # _____

Insulation Contractor Information

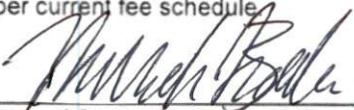
Insulation Contractor's Company Name & Address _____ Telephone _____

*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

3/7/2025
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:

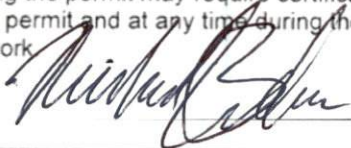
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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 Date: 3/7/2025