

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2783 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner, supplier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades PermitOwner's Name: Thomas Aristide Date: 2-10-25Site Address: 1001 Joe Collins Rd Lillington 27546 Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ Total Job Cost: \$1,500**General Contractor Information**Backyard Lawn

Building Contractor's Company Name

Address 1001 Joe Collins Rd Lillington NC 27546License # 73890

HEATED SQ FT _____ GARAGE SQ FT _____

919-625-7612

Telephone

Email Address rsmith.backyardlawn@gmail.com**Electrical Contractor Information**Description of Work Panel Electrical Service Size: _____ Amps T-Pole _____ Yes _____ NoWm Inc Solutions DWS

Electrical Contractor's Company Name

Address 4724 Hagrove Rd STE 152 27012License # 251181-1984-200-7489

Telephone

Email Address _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name

Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone _____

Address _____

Email Address _____

License # _____

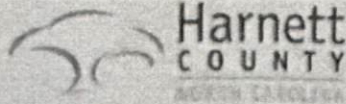
Insulation Contractor Information

Insulation Contractor's Company Name & Address

Telephone _____

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

strong roots • new growth



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

2-10-25

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

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.

Signature w/Title:

Officer

Date:

2-10-25