



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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 Neil F. & Karen M. Duncan Date 3/10/25
Site Address 164 Atkins Village Ct, Fuquay Varina Phone 631-374-9327
Subdivision Atkins Village LLC NC 27526 Lot 13
Description of Proposed Work Above ground swimming pool Total Job Cost 13,211

General Contractor Information

SAME as ABOVE Neil F & Karen Telephone 631-374-9327
Building Contractor's Company Name DUNCAN
164 ATKINS Village Ct. Address Fuquay Varina NC 27526 Email Address KarenDuncan52@gmail.com
HEATED SQ FT _____ GARAGE SQ FT _____ COST: 13,211.55
License # _____

Electrical Contractor Information

Description of Work for above ground pool Service Size: 15 Amps T-Pole: Yes ☒ No
Pool & Spa Electric LLC (Gary Minor) Telephone 919-793-1538
Electrical Contractor's Company Name
89 SAVANNAH Ridge Ct. Angier, NC Email Address _____
Address 27501
2291568
License # _____

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.

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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.

Karen M Duncan
Signature of Owner/Contractor/Officer(s) of Corporation

3/26/25
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the

____ General Contractor

☒ Owner

Allstate Home owner INS.
____ Officer/Agent of the Contractor or Owner Policy

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

Karen M Duncan

Date

3/10/25