Harnett COUNTY NORTH CAROLINA

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: Carla Emmons, Gordon & Kristen Emmons Date: 3/12/25
Site Address: 415 Misty Cove Lane Spring Lake NC 28390 Phone: 910-797-8157
Subdivision: _____ Lot: _____
Description of Proposed Work: Storage Building Total Job Cost: $29,000.00

General Contractor Information

Superior Metal structures and Concrete — 910-480-3960
Building Contractor's Company Name — Telephone
1183 South NC 41 & 111 Beulaville NC 28518 — Sales@superiormsc.com
Address — Email Address
_____ HEATED SQ FT 0 GARAGE SQ FT 0 Storage/Barn 2000sqft
License #

Electrical Contractor Information

Description of Work Panel Box, 1 Light, 1 outlet Service Size: 200 Amps T-Pole: ___Yes X No
Carla Emmons, Gordon & Kristen Emmons — 910-273-1951
Electrical Contractor's Company Name — Telephone
415 Misty Cove Ln Spring Lake, NC 28390 — Kristen.Emmons37@gmail.com
Address — Email Address
N/A - Owner
License #

Mechanical/HVAC Contractor Information

Description of Work _____
N/A
Mechanical Contractor's Company Name — Telephone
Address — Email Address
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
N/A
Plumbing Contractor's Company Name — Telephone
Address — Email Address
License #

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address — Telephone

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

Harnett COUNTY NORTH CAROLINA

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.

Carla Emmons

Kristen Emmons

Signature of Owner/Contractor/Officer(s) of Corporation

3/12/25

Date

Gordon Emmons

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

The undersigned applicant being the:

_____ General Contractor X 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.

X 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: Carla Emmons Owner Date: 3/12/25

Kristen Emmons

Gordon Emmons