



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: James Flynn Date: 3-28-25
Site Address: 3067 Hillman Grove Rd. Phone: 919-353-2308
Subdivision: Cameron N.C. 28326 Lot: _____
Description of Proposed Work: Home Garage/storage Total Job Cost: \$35,000

General Contractor Information

Luna metal buildings & concrete 336-628-0273
Building Contractor's Company Name Telephone
468 N Fayetteville St. Ashboro N.C. 27203 www.lunametalbuildings.com
Address Email Address

HEATED SQ FT 0 GARAGE SQ FT 1800

License # _____

Electrical Contractor InformationDescription of Work Wire lights & camera Service Size: 200 Amps T-Pole: Yes ☒ No

Owner of property James Flynn 919-353-2308
Electrical Contractor's Company Name Telephone
3067 Hillman Grove Rd. N.C. 28326 flynncameron2@windstream.net
Address Email Address

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.



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.

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

2-28-25
Date

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:

X 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: James Flynn Date: 3-28-25