



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: ELI GUMM Date: 16 APR 25
Site Address: 270 REGAL CREST DR Phone: 910 818 1622
Subdivision: REGAL CREST Lot: _____
Description of Proposed Work: BUILD POLE BARN Total Job Cost: \$20K

General Contractor Information

ELI GUMM - OWNER 910 818 1622
Building Contractor's Company Name Telephone
270 REGAL CREST DR ELIAGUMM@HOTMAIL.com
Address Email Address

HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor InformationDescription of Work N/A Service Size: _____ Amps T-Pole: ☐ Yes ☐ No

Electrical Contractor's Company Name Telephone
Address Email Address

License # _____

Mechanical/HVAC Contractor InformationDescription of Work N/A

Mechanical Contractor's Company Name Telephone
Address Email Address

License # _____

Plumbing Contractor InformationDescription of Work N/A # Baths _____

Plumbing Contractor's Company Name Telephone
Address Email Address

License # _____

Insulation Contractor Information

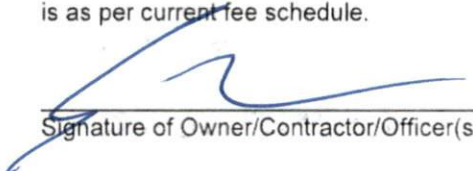
N/A
Insulation Contractor's Company Name & Address Telephone

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



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

17 APR 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: 

Date: 17 APR 2025