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: 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 Information

Description of Work N/A Service Size: _____Amps T-Pole: ___Yes ___No

_____ — _____
Electrical Contractor's Company Name — Telephone

_____ — _____
Address — Email Address

_____
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 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.**

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.

Signature of Owner/Contractor/Officer(s) of Corporation — Date: 17 APRIL 2025

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 APRIL 2025