

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

NATIVE AND ICADENI DEID	- 4/19/2025
Owner's Name: MIKE AND KAREN REID	Date: 4/10/2023
Site Address: 39 TYLER DEWAR LANE FUQUAY VARINA, NO	
Subdivision:	Lot:
Subdivision: Description of Proposed Work: Swimming pool and decking	_ Total Job Cost:\$78,000
General Contractor Information	
CPC POOL WORKS LLC	(919) 798-4000
Building Contractor's Company Name 3154 Bart Rd, Middlesex, NC 27557	
1021 PEARCES RD, ZEBULON NC 27591	DANIELLE@CPCPOOLWORKSNC.COM
Address	Email Address
NCGC 99234 HEATED SQ FT GARAGE SQ	FT
License #	
TRENCH MAIN POWER LINE TO EQUIPMEN E-MECTRICAL CONTRACTOR Information SET UP SUB PANEL, INSTALL GFC, BOND FOURMENT, WATER, CONCRETE DECK. Description of Work WIRE PUMP, SALT CELL, TRANSFORMER, SALT POWER SUPPLY, RUN CONDUIT FOR LIGHTS E-VICE Size:	Amps T-Pole: Yes No
LIBERTY ELECTRICAL CONTRACTING	(919) 621-4457
Electrical Contractor's Company Name	Telephone
2249 NC 242 BENSON, NC 27504	LIBERTYELECTRICALCONTRACTING@GMAIL.COM
Address	Email Address
37680	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	
Mechanical Contractor's Company Name	Telephone
	Fig. 31 A delice
Address	Email Address
License #	
Plumbing Contractor Information	n
Description of Work	# Baths
Description of Work	
Plumbing Contractor's Company Name	Telephone
The commence of the properties of the contract of the contrac	
Address	Email Address
License #	_
Insulation Contractor Informatio	<u>n</u>
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

4/18/2025

is as per current fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
V	
X 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:	
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:	