

Application # \_\_\_\_\_

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: Steve and Kelly Vaughn	Date 4-15-25			
Site Address: 67 Prince Place Dr	<b>Dhama</b> 760-803-2550			
Subdivision: Prince Place				
Description of Proposed Work: <u>Convert part of existing attic space to me</u>	dia sterage lob Cost \$5,000			
<u>General Contractor Information</u>				
Self				
Building Contractor's Company Name	Telephone			
Address	Email Address			
HEATED SQ FT GARAGE	SQ FT			
License #				
Electrical Contractor Informat Description of Work Adding 2 receptacles and a ceiling light Service Size	<u>ion</u> e: Amps T-Pole: Yes No			
Maynor Services	919-361-0993			
Electrical Contractor's Company Name	Telephone			
4004 Comfort Lane, Durham	info@maynorservices.com			
Address	Email Address			
12309				
License # Mechanical/HVAC Contractor Info	rmation			
Description of Work Adding a supply line and a return line to the				
Maynor Services 919-361-0993				
Mechanical Contractor's Company Name	Telephone			
4004 Comfort Lane, Durham 12309	info@maynorservices.com			
Address Email Address				
11348				
License #				
Plumbing Contractor Information				
Description of Work <u>None</u>	# Baths			
	<del></del>			
Plumbing Contractor's Company Name	Telephone			
Address	Email Address			
Address	Email Address			
License #				
Insulation Contractor Informat	ion			
Insulation Commandos	984-777-3440			
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.

Kelly Vaughn Signature of Øwner/Contractor/Officer(s) of Corporation

4-30-25

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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: <u>Kelly Vaughn</u> Date: <u>4-30-25</u>