



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 Phone 760-803-2550
Subdivision: Prince Place Lot 3
Description of Proposed Work: Convert part of existing attic space to media storage Total Job Cost \$5,000

General Contractor Information**Self**

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____ **HEATED SQ FT** _____ **GARAGE SQ FT** _____**Electrical Contractor Information**Description of Work Adding 2 receptacles and a ceiling light Service Size: _____ Amps T-Pole: ____ Yes ____ No**Maynor Services**919-361-0993

Electrical Contractor's Company Name _____ Telephone _____

4004 Comfort Lane, Durhaminfo@maynorservices.com

Address _____ Email Address _____

12309

License # _____

Mechanical/HVAC Contractor InformationDescription of Work Adding a supply line and a return line to the existing HVAC system**Maynor Services**919-361-0993

Mechanical Contractor's Company Name _____ Telephone _____

4004 Comfort Lane, Durham 12309info@maynorservices.com

Address _____ Email Address _____

12309

License # _____

Plumbing Contractor InformationDescription of Work None # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Insulation Contractor Information**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.

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:

_____ 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: _____