

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

Application for Residential Building and Trades Permit

tion on license.		
Owner's Name:	Dinh TRan	Date: 04/05/25
Site Address: 245	Dinh TRan 66 Keith hills Road lillings	on NC Phone:
Description of Propose	ed Work: double garage with	Total Job Cost: \$ 75,000
	General Contractor Informatio	n
Dinh	TRan	919-721-6646 Telephone
Building Contractor's C	Company Name	Telephone
2456 Keith 1 Address	hills Rend lillington NC	Email Address Yahar. Com
N/A	HEATED SQ FT GARAGE S	
Licerise #	Electrical Contractor Information	<u>on</u>
Description of Work	garage Service Size:	200 Amps T-Pole: V Yes No
ARUSS Electrical Contractor's	etical Contador	910 -670 - 7942 Telephone
Electrical Contractor's	Company Name	descriptions of a mail (
Address Phillip	pi CX Rd Roford NC	Arus electric @ gmail. Com Email Address
18248-2 License #	_	*
	Mechanical/HVAC Contractor Infor	mation
Description of Work _	garage	C.50
Mechanical Contracto	r's Company Name	910 984 6059 Telephone
Address Box	981 coals NC 27521	Polosbearheaig-aire Can Email Address
License # 300		
21001100 11	Plumbing Contractor Informati	on 👝
Description of Work _		# Baths
Plumbing Contractor's	Company Name	919 -701 - 2844 Telephone
181 annas	+ Willington Nc 27546	bill Burg mount Thung bing
Address		Email Address
1-33809		e gmail com
	Insulation Contractor Informat	ion
Flo water Insulation Contractor's	Insulation contractor s Company Name & Address brook Pr. Swite 192 Raleig	1800 - 704 - 6156 Telephone
3101 Stona	brook Pr. Suite 192 Raleig	h Nc 27604
*NOTE: Conora	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

Affidavit for Wørker'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: (Linh Tean)