



* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: Kari-Lynn Monte Date 5/5/25
Site Address: 89 E Tryon Ct. Spring Lake, NC 28390 Phone (910) 303-3861
Subdivision: Countrysquire Lot _____
Description of Proposed Work: Replace roof trusses, frame & shingles Total Job Cost \$29,500.00
Restore Home

General Contractor Information

Kari-Lynn Monte (910) 303-3861
Building Contractor's Company Name Telephone
89 E. Tryon Ct. Spring Lake, NC 28390 pochokari2@embarqmail.com
Address Email Address
License # HEATED SQ FT 1,008 GARAGE SQ FT —

Electrical Contractor Information

Description of Work Install New Wiring Service Size: _____ Amps T-Pole: ☐ Yes ☐ No
Kari-Lynn Monte (910) 303-3861
Electrical Contractor's Company Name Telephone
89 E. Tryon Ct. Spring Lake, NC 28390 Pochokari2@embarqmail.com
Address Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work Install HVAC SYSTEM
Kari-Lynn Monte (910) 303-3861
Mechanical Contractor's Company Name Telephone
89 E. Tryon Ct. Spring Lake, NC 28390 Pochokari2@embarqmail.com
Address Email Address
License # _____

Plumbing Contractor Information

Description of Work Reattach pipes to new Cabinets with sinks # Baths 2
Kari-Lynn Monte (910) 303-3861
Plumbing Contractor's Company Name Telephone
89 E. Tryon Ct. Spring Lake, NC 28390 Pochokari2@embarqmail.com
Address Email Address
License # _____

Insulation Contractor Information

Kari-Lynn Monte (910) 303-3861
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.

Kari-Lynn Monte

Signature of Owner/Contractor/Officer(s) of Corporation

5/5/25

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: *Kari-Lynn Monte / Owner*

Date: *5/5/25*