



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/permitsEmail centralpermitting@harnett.org**Application for Residential Building and Trades Permit**

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

Owner's Name: Juan Carlos Morales Bautista Date 5-01-2025Site Address: 981 Carson Gregory Rd Angier NC 27501 Phone 919-525 4153

Subdivision: _____ Lot _____

Description of Proposed Work: 18x34 Pool Total Job Cost: \$45000**General Contractor Information**Building Contractor's Company Name Royal Landscapes & Pool LLCTelephone 919 614 8134

Address _____

Email Address RoyalLandscapesPool@gmail.com

License # _____

HEATED SQ FT _____

GARAGE SQ FT _____

Electrical Contractor InformationDescription of Work _____ Service Size: _____ Amps T-Pole: ☐ Yes ☐ NoElectrical Contractor's Company Name Juan Carlos Morales BautistaTelephone 919-525 4153Address 981 Carson Gregory Rd Angier NC 27501Email Address Morales80-Jcm@gmail.com

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Juan Carlos Morales BautistaTelephone 919 525 4153Address 981 Carson Gregory Rd Angier NC 27501Email Address Morales80-Jcm@gmail.com

License # _____

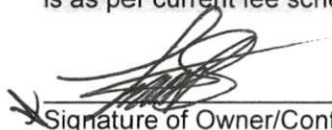
Insulation Contractor Information

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

5-01-2025

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: _____

owner

Date: 5-01-2025