



RESIDENTIAL BUILDING APPLICATION

181 RAD ST LILLINGTON NC 27546 0518-60-9974
Site Address: _____ **PIN:** _____
Owner: JULIAN RODRIGUEZ OLIVARES **Phone:** 919-586-4894 **Email:** AMM27501@GMAIL.COM
Description of Proposed Work: GARAGE **Total Job Cost:** \$28,000

GENERAL CONTRACTOR INFORMATION

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

Julian Rodriguez -OWNER

General Contractor's Company Name _____ Phone _____
 Address _____ Email _____
 License # _____

ELECTRICAL CONTRACTOR INFORMATION

NEW ELECTRIC 20
 Description of Work: _____ Service Size: _____ Amps T-Pole: YES ☐ NO ☒
 Julian Rodriguez -OWNER
 Electrical Contractor's Company Name _____ Phone _____
 Address _____ Email _____
 License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____
 Mechanical Contractor's Company Name _____ Phone _____
 Address _____ Email _____
 License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
 Plumbing Contractor's Company Name _____ Phone _____
 Address _____ Email _____
 License # _____

INSULATION CONTRACTOR INFORMATION

Julian Rodriguez -OWNER
 Insulation Contractor's Company Name _____ Phone _____



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signed by:

Julian Rodriguez

6/3/2025

Signature of Owner/Contractor/Officer 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signed by:

Julian Rodriguez

6/3/2025

Signature of Owner/Contractor/Officer of Corporation

Date