

## RESIDENTIAL BUILDING APPLICATION

Site Address: 153 Topsail Dr. Angier, NC 27501 PIN: \_\_\_\_\_

Owner: John Haynes Phone: 919-302-6250 Email: jc\_haynes@yahoo.com

Description of Proposed Work: Metal Building Total Job Cost: \$20,000

### GENERAL CONTRACTOR INFORMATION

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

Steel Buildings & Structures Inc. 1-877-2728276  
General Contractor's Company Name Phone  
800 Piedmont Triad West Drive Mount Airy, NC 27030 sbscontractor@sbsihq.com  
Address Email  
77262  
License #

### ELECTRICAL CONTRACTOR INFORMATION

John Haynes - Self 100  
Description of Work: Electric service line from house to bldg Service Size: 60 Amps T-Pole: YES ☐ NO ☐  
EV Buddy LLC - - - 919-208-3595 -  
Electrical Contractor's Company Name Phone  
4408 Old US1 Hwy, New Hill, NC 27562 - EVbuddync@gmail.com -  
Address Email  
35865 - -  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Mini Split DIY system  
John Haynes (self)  
Mechanical Contractor's Company Name Phone  
Address Email  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: N/A # of Fixtures: \_\_\_\_\_  
Plumbing Contractor's Company Name Phone  
Address Email  
License #

### INSULATION CONTRACTOR INFORMATION

John Haynes (self) 919-302-6250  
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.**

*John Haynes*



Signature of Owner/Contractor/Officer of Corporation

6/8/2025

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

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,

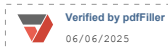
\_\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

\_\_\_\_\_ 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.

*John Haynes*



Signature of Owner/Contractor/Officer of Corporation

6/8/2025

Date