

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

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

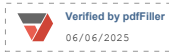
John Haynes (self) 919-302-6250
Insulation Contractor's Company Name Phone



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,

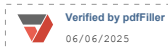
_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

_____ 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