

RESIDENTIAL BUILDING APPLICATION

Site Address: 4094 Ross Rd, Lillington, NC 27546 PIN: 2020004879

Owner: Brian R Seidel Phone: 606-682-3037 Email: brsbrian@att.net

Description of Proposed Work: Add upstairs bathroom 55" x 91" Total Job Cost: \$7,000
Construct exterior wood fence at wire fence

New Bath Dimensions: 55" x 91"

GENERAL CONTRACTOR INFORMATION

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

Owner
General Contractor's Company Name

Address

License #

606-682-3037
Phone
brsbrian@att.net
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Add light & fan Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Brian Seidel, owner

Electrical Contractor's Company Name

Address

License #

Phone

Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____

Mechanical Contractor's Company Name

Address

License #

Phone

Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: Add additional drains/water lines for small bathroom # of Fixtures: 3
Brian Seidel, owner

Plumbing Contractor's Company Name

Address

License #

Phone

Email

INSULATION CONTRACTOR INFORMATION

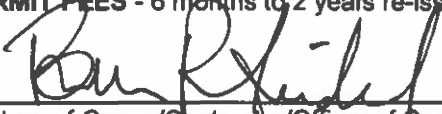
Insulation Contractor's Company Name

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.


Signature of Owner/Contractor/Officer of Corporation

August 27, 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.


Signature of Owner/Contractor/Officer of Corporation

August 27, 2025
Date