

Application # _____

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

Application for Residential Building and Trades Permit

	THE THOUGHT CHINE
Owner's Name: Scott Morvill	Date 0828/35
Site Address: 658 (oach man Way Sant	Date OOKO123
Subdivision:	Lot
Description of Proposed Work: build detach gauge	Total Joh Cost 121 6(1) 30
General Contractor Informa	ation
Building Contractor's Company Name	(919)806-4529 Telephone
2530 Meridian Phay Ste 300 Address	Into SRGF WERHL CONTRACT CO
License # HEATED SQ FT GARAGE	ESOFT \$55 1093 P.M.
Electrical Contractor Inform	ation
Description of Work were withing for gowing Service Si	ize:Amps T-Pole:YesNo
Electrical Contractor's Company Name	(919) 770-7766 Telephone
179 Lumn Lone sontord UC 27332	TSGREEU179@yohao.com
Address	Email Address
Mechanical/HVAC Contractor Inf	formation
Description of Work	omation
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Informa	ation
Description of Work new plumbing for 1/2 bothroom	
Upper Echelon Services 110	(919) 464-5582
Plumbing Contractor's Company Name	Telephone
P.O. DOX 2260 Angier NC 27501	Colina upper echelon service
Address 33753	Email Address (on
Plumbing Contractor's Company Name P.O. box 2260 Angier UC 27501 Address License # Insulation Contractor Information Contractor Information Contractor's Company Name & Address	
15 Insulation Contractor Informa	ation
O W/A unished space	
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

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: Kerel Mentge, General Contrator Date: 08/28/25