Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

## Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application #

## **Application for Residential Building and Trades Permit**

Owner's Name	Date
Site Address	Phone
Directions to job site from Lillington	
Subdivision	
Description of Proposed WorkFinished Bonus Room?	
General Contractor Information	0/4/// 0/4/5 0/25
Building Contractor's Company Name	Telephone
Address	Email Address
License # Electrical Contractor Information	1
Description of Work Service Size _	Amps T-PoleYesNo
Electrical Contractor s Company Name	Telephone
Address	Email Address
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work	
Mechanical Contractor s Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Informatio	<u>n</u>
Description of Work	_# Baths
Plumbing Contractor s Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	<u>on</u>
Insulation Contractor s Company Name & Address	Telephone

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. 10-13-2017 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 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 Company or Name Sign w/Title Precision Building did work up until the Foundation inspection. Juners taking over from here. Rose Main Taylor.
10-13-2017

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

P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. \_\_\_\_\_\_ Page Application Number . . . . 16-50040059 Date 10/13/17
Property Address . . . . . 108 LEES PLACE DR
PARCEL NUMBER . . 10-0549- - -0340- -09Application description . . CP GARAGE/CARPORT RESIDENTIAL DETACHED Subdivision Name . . . . . LEE'S PLACE 9LOTS Property Zoning . . . . . . RES/AGRI DIST - RA-30 Required Inspections Phone Insp Initials Date Insp# Code Description Seq Permit type . . . RESIDENTIAL BUILDING PERMIT 111 B111 R\*BLDG SLAB INSP/TEMP SVC POLE 131 R131 ONE TRADE FINAL 999 999 

HARNETT COUNTY CENTRAL PERMITTING

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. ...... Application Number . . . . 16-50040059 Date 10/13/17 Property Address . . . . . . 108 LEES PLACE DR
PARCEL NUMBER . . . . . . . . 10-0549- - -0340- -09Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED Subdivision Name . . . . LEE'S PLACE 9LOTS Property Zoning . . . . . RES/AGRI DIST - RA-30 Contractor Owner TAYLOR WILLIAM R & ROSE MARIE OWNER 108 LEES PLACE DRIVE LILLINGTON NC 27546 (910) 893-8290 Applicant ------WORLEY MATT 1478 ARROWHEAD RD DUNN NC 28334 (910) 237-5428 Structure Information 000 000 24X32 DET GARAGE Flood Zone . . . . . . . . . FLOOD ZONE X
Other struct info . . . . . PROPOSED USE DET GARAGE EXT TANK COUNTY SEPTIC - EXISTING? WATER SUPPLY .\_\_\_\_\_ Permit . . . . . RESIDENTIAL BUILDING PERMIT Valuation . . . . 28416 Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT Valuation . . . . Permit . . . . . LAND USE PERMIT Additional desc . . Phone Access Code . 1182724
Issue Date . . . . 3/14/17 Valuation . . . . . Expiration Date . . . 10/29/17 \_\_\_\_\_\_\_ Special Notes and Comments T/S: 11/03/2016 09:12 AM JBROCK ----TAKE OLD US 421 OUT OF LILLINGTON

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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Special Notes and Comments
APPROX 2 MILES TURN L ON LEES PLACE DR
FOLLOW DR TO HOUSE AT 108