

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

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

**Application for Residential Building and Trades Permit**

Owner's Name Gregory Baker Date 10/16/17

Site Address 212 Tar Kiln Trail Phone (919) 814-6343

Directions to job site from Lillington 210 North to Angier, Left on SS to Chaleybeate Rd; ~~to~~ Left to Atkins Rd; ~~to~~ Right to Tar Kiln Trail; ~~to~~ Lot

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work Pole Barn # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF 1500 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

David Johnson  
Building Contractor's Company Name

(910) 890-2055  
Telephone

P.O. Box 544, Mainers, NC 27552  
Address

\_\_\_\_\_  
Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole  Yes  No

Patrick Electrical Contractors  
Electrical Contractor's Company Name

(910) 237-1594  
Telephone

1309 W. Main St, Lillington, NC 27546  
Address

turnerpatrick910@gmail.com  
Email Address

4910U  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

\_\_\_\_\_  
Mechanical Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

\_\_\_\_\_  
Plumbing Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

License # \_\_\_\_\_

**Insulation Contractor Information**

David Johnson P.O. Box 544 Mainers, NC 27552  
Insulation Contractor's Company Name & Address

(910) 890-2055  
Telephone

\*NOTE General Contractor 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

10/16/17  
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

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

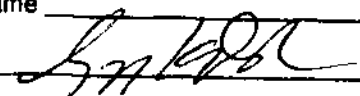
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

Company or Name \_\_\_\_\_

Sign w/Title  \_\_\_\_\_ Date 10/16/17

HARNETT COUNTY CENTRAL PERMITTING

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.

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Application Number . . . . . 17-50042558 Date 10/20/17  
Property Address . . . . . 212 TAR KILN TRL  
PARCEL NUMBER . . . . . 08-0664- - -0004- -02-  
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner Contractor  
-----  
BAKER GREGORY K OWNER  
522 SIPPIHAW OAKS LN  
FUQUAY-VARINA NC 27526

Applicant  
-----  
BAKER GREGORY  
212 TAR KILN TRAIL  
FUQUAY-VARINA NC 27526  
(919) 816-6343

--- Structure Information 000 000 30X50 POLEBARN  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE POLE BARN  
SEPTIC - EXISTING? EXIST  
WATER SUPPLY COUNTY

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Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . .  
Phone Access Code . 1215060  
Issue Date . . . . . 10/20/17 Valuation . . . . . 0  
Expiration Date . . 10/20/18

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . .  
Phone Access Code . 1215532  
Issue Date . . . . . 10/20/17 Valuation . . . . . 0  
Expiration Date . . 10/20/18

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Permit . . . . . LAND USE PERMIT  
Additional desc . .  
Phone Access Code . 1215524  
Issue Date . . . . . 10/20/17 Valuation . . . . . 0  
Expiration Date . . 4/18/18

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Special Notes and Comments  
T/S: 10/16/2017 09:53 AM LLUCAS ----  
210 NORTH TO ANGIER - LEFT ON 55 TO  
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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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PARCEL NUMBER . . . . .	08-0664- - -0004- -02-		
Application description . . . . .	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	__/__/__
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	__/__/__
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
999	229	R229	TWO TRADE FINAL	_____	__/__/__
999	225	R225	TWO TRADE ROUGH IN	_____	__/__/__
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__