

1750010414

Hamett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

**Application for Building and Trade Permit**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Directions to job site: \_\_\_\_\_

Subdivision: N/A Lot: \_\_\_\_\_  
Type Construction: (Please Check)  
New  Renovation  Addition   
Moved House  Other   
Specify Type of Work: \_\_\_\_\_  
Building Use: (Please Check)  
Residential  Modular   
Commercial  Multi-Family

**Building Permit Information**

Heated: Crawl Space   
Unheated: Slab   
Building Contractor's Company Name: Moss Builders & Realty  
Signature of Officer(s) of Corporation: W. Almon  
Building Construction Cost \$: \_\_\_\_\_  
Acres Disturbed: 1 Stories: \_\_\_\_\_  
Address: PO Box 577 Lillington NC  
License #: 18637 Telephone: 910-893-4875

**Electrical Permit Information**

Description of Work: Electrical Electrical Cost \$: \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead   
Electrical Contractor's Company Name: Pioneer Electric Maintenance Co., Inc.  
Signature of Officer (s) of Corporation: Neil B. Johnson  
Service Size: \_\_\_\_\_ Amps  
Address: 422 D/D US 421 Lillington NC, 27546  
License #: 21643 Telephone: 910-814-3751

**Insulation Permit Information**

Residential  Other  Not Required   
Insulation Contractor's Company Name: TGI City Insulation  
Signature of Officer (s) of Corporation: \_\_\_\_\_  
Address: 418 Person St Fayetteville NC  
Telephone: 910-486-8855

**Mechanical Permit Information**

Description of Work: HVAC Number of Units: \_\_\_\_\_ Type System: \_\_\_\_\_ Mechanical Cost \$: \_\_\_\_\_  
Number of Tons: \_\_\_\_\_  
Mechanical Contractor's Company Name: Beasley's Hgt A/C, Inc.  
Signature of Officer(s) of Corporation: R. Brent Beasley  
Address: 57 W.C. Beasley Ln. Coats N.C. 27521  
License #: 9497 Telephone: 919-894-4248

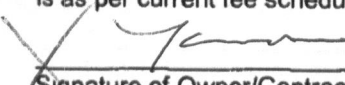
**Plumbing Permit Information**

Description of Work: Plumbing Number of Baths: \_\_\_\_\_ Plumbing Cost \$: \_\_\_\_\_  
Plumbing Contractor's Company Name: W.W. Plumbing Co.  
Signature of Officer(s) of Corporation: Richard Wells  
Address: PO Box 1239 Angier NC  
License #: 14087 Telephone: 639-0195

11/10/2011

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

  
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

7/6/17

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

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

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

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

**General Contractor Information**

Building Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

**Electrical Contractor Information**

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

Electrical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

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**

Insulation Contractor s Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**\*NOTE General Contractor must fill out and sign the second page of this application**