

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 Chris Chambers Date 12-21-17
Site Address unaddressed Phone 910-263-2308
Directions to job site from Lillington Griffin Rd. ~~west~~ lot 3
next to Boone Trail Elementary school

Subdivision None Lot 3
Description of Proposed Work _____ # of Bedrooms 3
Heated SF 2801 Unheated SF 787 Finished Bonus Room? NO Crawl Space _____ Slab

General Contractor Information

Paul Lyon Lyon Builders 919-353-0370
Building Contractor's Company Name Telephone
PO Box 569 Olivia, NC Plyon@windstream.net
Address Email Address
56754

License # _____

Electrical Contractor Information

Description of Work Owner Service Size _____ Amps T-Pole Yes No
Doing work as owner
Electrical Contractor's Company Name Telephone
~~PO Box 569 Olivia, NC~~ _____
Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Doing work as owner
Mechanical Contractor's Company Name Telephone

Address Email Address

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Doing work as owner
Plumbing Contractor's Company Name Telephone

Address Email Address

License # _____

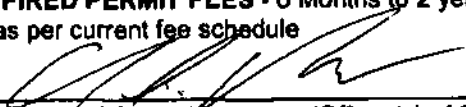
Insulation Contractor Information

Doing work as owner
Insulation Contractor's Company Name & Address 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

12-21-17

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

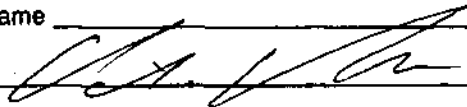
____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

____ 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 12-21-17