

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HH Hunt Date: 6/18/25

Site Address: 30 Oak Meadow Ln Phone: _____

Directions to job site from Lillington: Intersection of Old Bies Creek Rd and Oak Meadow Lane

Subdivision: Oak Meadows Lot: _____

Description of Proposed Work: Entry sign, including electrical

Heated SF _____ Unheated SF _____

~~Landscape~~ **General Contractor Information:** Building Cost \$ _____

Clayton Constructors Inc, Post Nursery
Building Contractor's Company Name

8140 Mitchell Mill Rd

Address

J L K
Signature of Owner/Contractor/Officer(s) of Corporation

919-554-4002

Telephone

postclayton1994@gmail.com

Email Address

NCLCB # CL0093

License #

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: 150 watt Amps #T-Poles _____

ESB electric company inc

Electrical Contractor's Company Name

4700 Bernie Place, Raleigh NC 27616

Address

919-876-4194

Telephone

esbelectric@gmail.com

Email Address

L.17674

License #

Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work N/A # Units _____

Mechanical Contractor's Company Name Telephone

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

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

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price per current fee schedule.

J. L. K.
Signature of Owner/Contractor/Officer(s) of Corporation

6/18/25
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: _____