



Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-693-7635 Fax 910-693-2793 www.harnett.org/permits

Application # BRS20B-0089

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

**Application for Residential Building and Trades Permit**

Owner's Name: Leigh Elliott Date: 3/9/20  
Site Address: 645 Cokesbury Park Lane Phone: \_\_\_\_\_  
Subdivision: Cokesbury Park Lot: \_\_\_\_\_  
Description of Proposed Work: Screamed Porch Total Job Cost: \$16,958

**General Contractor Information**

Building Contractor's Company Name: Rockstar Contracting Network Telephone: 919-621-0327 Tony  
304 Saunders St Apex NC Telephone: 919-830-3731 Denise  
Address: 74858 Email Address: Denise.rcn@aol.com

**Electrical Contractor Information**

Description of Work: Install fan & light Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
NC Electrical Group Telephone: 919-448-8156  
Electrical Contractor's Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: 100 Waltmore Rd Email Address: Nick.nc.eg@gmail.com  
26858 Morrisville NC  
License #: 27560

**Mechanical/HVAC Contractor Information**

Description of Work: \_\_\_\_\_  
Mechanical Contractor's Company Name: n/a 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 / owner must fill out and sign the second page of this application.

strong roots - new growth

**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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has one (1) or more subcontractor(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.

Sign write: Dawn M. Lattin Secretary Truslow Date 3/9/2020

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 contractor 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 per current fee schedule.**

Signature of Owner/Contractor/Officer(s) of Corporation Dawn M. Lattin Date 3/9/2020

