Old Hickory Utility Building Harnett

Application # BIB 2104-000

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

tion on license.	
Owner's Name: Kaven Faircloth	Date: 5/6/21
Site Address: 1354 Old Hamilton Rd Dung	Phone: 910-890-0782
Subdivision: NA	Lot: NA
Description of Proposed Work:	
General Contractor Information	
haren taircloth	910-890-0782
Building Contractor's Company Name	Telephone
1356 Old Hamilton Rd Dunn Address	710-890-0782 Telephone Karen fairclothe yehow Email Address
NA HEATED SQ FT NA GARAGE S	QFT 336
License #	
Description of Work 2 19h bu Service Size:	Amps T Pole: Vos No
tranki Cauciati	Amps 1-FolefesNo
Electrical Contractor's Company Name	Telephone
Sane	(A) (A)
Address	Email Address
NA NA	
License # Mechanical/HVAC Contractor Information	
	nation
Mechanical/HVAC Contractor Inform	nation
	nation
Description of Work	Telephone
Mechanical/HVAC Contractor Inform	
Description of Work	
Mechanical/HVAC Contractor Information Description of Work Mechanical Contractor's Company Name Address	Telephone
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License #	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work	Telephone Email Address on # Baths
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Franking Foundation Plumbing Contractor's Company Name	Telephone Email Address n # Baths \[\frac{910-890-D782}{} \]
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Francisco Foundation	Telephone Email Address n # Baths \[\frac{910-890-D782}{} \]
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor S Company Name Address Address Address	Telephone Email Address on # Baths One Telephone
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Franking Foundation Plumbing Contractor's Company Name	Telephone Email Address on # Baths
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Plumbing Contractor's Company Name Address License # License #	Telephone Email Address on # Baths

*NOTE: General Contractor / owner 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 bysigning 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

5/6/21 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.
Sign w/Title: Haren Jarelott Date: 5/6/2)