

Application # \_\_\_\_\_

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/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Drew and Amber Parker Date: March 3  
 Site Address: 750 HWY 27 North Phone: 919-223-0030  
 Subdivision: NA Lot: \_\_\_\_\_  
 Description of Proposed Work: Detached Garage Total Job Cost: \$ 150,000

**General Contractor Information**

Building Contractor's Company Name: Riggs Custom Construction LLC Telephone: 919-223-0030  
 Address: 254 Aycoll Church Rd Email Address: michael@riggs.homes  
79171 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT 4800 sq ft  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: Wiring Service Size: 200 Amps T-Pole: Yes  No  
 Electrical Contractor's Company Name: Hill Electric Services Telephone: 919-223-2377  
 Address: 540 Park Road Rosewood NC Email Address: jell@hillelectricservices.com  
271260153  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work: NA  
 Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work: Bathroom rough in # Baths: 1  
 Plumbing Contractor's Company Name: Dixie Plumber Telephone: 919-735-1242  
 Address: 100 Casino Drive Email Address: Dixieplumbingservicesllc@gmail.com  
28469 27530  
 License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address: Tricity Insulation Telephone: 252-205-3541  
1901 Herring Ave. East, Northeast

**\*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 **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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

March 3<sup>rd</sup> 2022  
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: *[Signature]* Owner

Date: March 3<sup>rd</sup> 2022