

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

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Todd Waddell	Date 6/6/2022
	Phone 9193697955
Subdivision:	Lot 5
Description of Proposed Work: Accessory Building	Total Job Cost \$30,000
General Contractor In	
Todd Waddell	9193697955
Building Contractor's Company Name	Telephone
518 Matthews Mill Pond Rd.	toddw@apr-nc.com
Address	Email Address
	ARAGE SQ FT
License #  Electrical Contractor In	oformation
Description of Work Serv	
Self Performed	
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contract	tor Information
Description of Work NA	
NA	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #  Plumbing Contractor II	nformation
Description of Work	
Self Performed Plumbing Contractor's Company Name	Telephone
,	
Address	Email Address
License #	nformation
Insulation Contractor In	momation
Insulation Contractor's Company Name & Address	

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



**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.

Todd Waddsll Signature of Owner/Contractor/Officer(s) of Corporation	6/6/22 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor X Owner Office	er/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 wor	kers' 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.		
X Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of cover to issuance of the permit and at any time during the permitted varrying out the work.	rage of worker's compensation insurance prior	
Sign w/Title:	Date: 6/6/22	