

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: Lori Bednash | Date |
|---|------------------------------------|
| Site Address: 304 Pineridge Cove | Phone |
| Subdivision: | Lot |
| Description of Proposed Work: Install 25 solar panels roof r | mount Total Job Cost 21500 |
| General Contractor I | |
| Executive Custom Construction, Ilc | 540-840-1789 |
| Building Contractor's Company Name | Telephone |
| 408 Ferncliffe Rd., Elgin, SC 29045 SC License #49031 | smartsun005@gmail.com |
| Address | Email Address |
| License # | GARAGE SQ FT |
| Electrical Contractor | Information |
| | rvice Size:Amps |
| Electrical Contractor's Company Name 124 Bubbling Brook Rd., Zionville, NC 28698 | Telephone studiojsdesign@gmail.com |
| Address U.07329 | Email Address |
| License # | |
| Mechanical/HVAC Contra | ctor Information |
| Description of Work N/A | |
| Mechanical Contractor's Company Name | Telephone |
| Address | Email Address |
| License # Plumbing Contractor | Information |
| Description of Work N/A | |
| Plumbing Contractor's Company Name | Telephone |
| Address | Email Address |
| License # | |
| Insulation Contractor N/A | <u>Information</u> |
| Insulation Contractor's Company Name & Address | Telephone |

*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.

8-31-22

D.B.

| Signature of Owner/Contractor/Officer(s) of Corporation Date | | | | | | | | |
|---|--|-------------------|-----------------------|------------------------|----------------------|--|--|--|
| | | | | | | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 | | | | | | | | |
| The u | ndersigned applicant being the |) : | | | | | | |
| X | General Contractor | Owner | Officer/Agen | t of the Contractor of | 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. | | | | | | | | |
| x them. | Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover nem. | | | | | | | |
| 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. | | | | | | | | |
| Depar to issu | working on the project for which tment issuing the permit may a ance of the permit and at any ang out the work. | require certifica | ates of coverage of v | worker's compensat | tion insurance prior | | | |
| Sign w | //Title: Owner/Contractor | | | Date: 8- | -31-22 | | | |