



Application # _____

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

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

Application for Residential Building and Trades Permit

Alfonza McLean

Owner's Name: _____ Date 02/28/2023

Site Address: 255 Natures Way Dunn, NC Phone 301-580-7605

Subdivision: _____ Lot _____

Description of Proposed Work: Installation of a 24kw generator with a 200ATS Total Job Cost 3400

General Contractor Information

AAA Electrical of NC _____ 252-325-9634

Building Contractor's Company Name _____ Telephone
852 NC 561 Ahoskie, NC kristy.garcia@aaaelectricalofnc.com

Address _____ Email Address

U.30247 **HEATED SQ FT** _____ **GARAGE SQ FT** _____

License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: ___ Yes No

AAA Electrical of NC LLC _____ 252-325-9634

Electrical Contractor's Company Name _____ Telephone
852 NC 561 Ahoskie, NC kristy.garcia@aaaelectrical of nc.com

Address _____ Email Address

U.30247

License #

Mechanical/HVAC Contractor Information

Description of Work Gas Piping to generator

Parker Gas Company & Oil _____ 910-385-8559

Mechanical Contractor's Company Name _____ Telephone
2785 Owen Drive Fayetteville, NC _____

Address _____ Email Address

L.29505

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.**



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.

[Handwritten Signature]

Signature of Owner/Contractor/Officer(s) of Corporation

2/28/2023

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: *[Handwritten Signature]*

Project Coordinator

2/28/2023

Date: _____