



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: Alan Tallent Date: _____
Site Address: 300 Scotts Creek Run Phone: 919-418-0770
Subdivision: _____ Lot: _____
Description of Proposed Work: Remodeling Total Job Cost: \$6,700

General Contractor Information

Alan Tallent Building Contractor's Company Name Telephone 919-418-0770

Address _____ Email Address _____

By Owner License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Wire Home Service Size: 200 Amps T-Pole: Yes No
K B Electrical Services Telephone 919-427-9016

Electrical Contractor's Company Name _____
K B Electric, 1840 Benson Hiway Address _____ Email Address _____
35646 License # _____ Dunn 28334

Mechanical/HVAC Contractor Information

Description of Work Install Furnace Telephone 919-894-4248
Beasley's HVAC Mechanical Contractor's Company Name _____

57 WC Beasley Lane, Coats Address _____ Email Address _____
9497 License # _____

Plumbing Contractor Information

Description of Work NA # Baths _____
Plumbing is Existing Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Insulation Contractor Information

By owner Alan Tallent 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.

Alan P. Stahl
Signature of Owner/Contractor/Officer(s) of Corporation

4/11/2023
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: Alan P. Stahl owner Date: 4/11/2023