



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: GAIL ARNOLD Date: _____
Site Address: 49 LOOKOUT POINT SANFORD, NC 27352 Phone: 1-585-748-6068
Subdivision: CAROLINA LAKES Lot: \$75,000.00
Description of Proposed Work: KITCHEN & PANTRY RENO Total Job Cost: \$75,000.00

General Contractor Information

LYON BUILDERS 919 353 0370
Building Contractor's Company Name Telephone
2139 BARBECUE CH. RD. SANFORD, NC 27332
Address Email Address
N.C. 56754 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work KITCHEN RENO Service Size: _____ Amps T-Pole: Yes No
JM POPE LLC 919 343 8534
Electrical Contractor's Company Name Telephone
SANFORD, NC
Address Email Address
21326 L
License #

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Plumbing Contractor Information

Description of Work KITCHEN RENO # Baths _____
DOUBLE J PLUMBING LLC 910 814 7705
Plumbing Contractor's Company Name Telephone
614 BYRD RD LILLINGTON 28323
Address Email Address
21649
License #

Insulation Contractor Information

N/A
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.

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

8/10/23
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: Paul Lynn Owner Date: 8/10/23