

* 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.hamett.org/permits Application #

Application for Residential Building and Trades Permit

2010	Trades Fermit	
Owner's Name: Brian Corn		
Site Address: 903 Rollins Mill Rd.		Date 9/25/23
Subdivision:	Phone	919-818-3316
	Lot	
Description of Proposed Work: 4000000000000000000000000000000000000	Total Job Cost	CORPOR 12,500
Brian Coco (January Contractor Information		
Brian Con Chemeouner Building Contractor's Company Name	919-813	-3314
903 Rollins Mill P.	Telephone	4
Address	Email Address	neyanou. Com
License # HEATED SQ FT GARAGE S		
License #		
Description of Work Search and Sou Electrical Contractor Information Pool and Sou Electric	on .	
Pool and Spa Electric 3 right 3 service size:	Amps T-P	ole:YesNo
Electrical Contractor's Company Name	Telephone	1238
89 Savannah Ridge C+		: C 0 (0 0 0 - 1) -
30707 electric for water	Email Address	con@gnail.com
License # Closet		
Mechanical/HVAC Contractor Inform	nation	
Description of Work A L L A	idion	
)O (()		
Mechanical Contractor's Company Name	Telephone	
Address		
	Email Address	
License #		
Plumbing Contractor Information	n moly des	sephc pump
Country for water close	# Baths_	, , , ,
Plumbing Contractor's Company Name		
10 Box 135 9	Telephone	
Address		
18903	Email Address	
License #		
Insulation Contractor Information		
	1	
Insulation Contractor's Company Name & Address	919-818-	3316
Insulation Contractor's Company Name & Address	919-818- Telephone	3316

ontractor / 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years

is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Signature of Owner/Contractor/Officer(s) of Corporation	
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 wo 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 to Issuance of the permit may require certificates of coverage of worker's compensation insurance prior carrying out the work. Sign w/Title: Date: Date: Date: Difficer/Agent of the Contractor or Owner Owner Officer/Agent of the Contractor or Owner Owner Officer/Agent of the Contractor or Owner Officer/Agent of the Contractor or Owner Owner Owner Officer/Agent of the Contractor or Owner Owner Has three (3) or more employees and has obtained workers' compensation insurance to cover them. In the contractor of Owner Owne	-