



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

Owner's Name: Amber and Bradley Kinlaw Date 26-2012
Site Address: 16 Blue monarch LN. Fuquay Varina 27526 Phone 910-874-2500
Subdivision: Prince Place Lot _____
Description of Proposed Work: Wire home standby by generator Total Job Cost 4500.00

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Wire generator Service Size: _____ Amps T-Pole: Yes No
Electrical Solutions of NC INC 910-237-0246
Electrical Contractor's Company Name _____ Telephone _____
902 Friendly Rd Dunn NC 28334 Electricalsolutionsnc@gmail.com
Address _____ Email Address _____
License # 22659-L

Mechanical/HVAC Contractor Information

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

~~**Plumbing Contractor Information**~~

Gas Company

Description of Work Install Gas line to generator # Baths _____
Pro Care Gas services, LLC 910-868-2568
~~Plumbing Contractor's Company Name~~ _____ Telephone _____
9340 Chickapee Dr. Linden NC 28356
Address _____ Email Address _____
L32350
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

1-26-2024
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: _____ Date: _____