

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

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

Application for Residential Building and Trades Permit

Owner's Name. Site Address: D(2	Owner's Name. John Mckinney	Date 2-14-24
Subdivision:	Site Address: 1012 Calvary Church	RJ Phone 919-579-204
Building Contractor's Company Name Telephone Address Email Address Email Address Electrical Contractor Information Description of Work Inspect Meter Are over (*Contest Proce Size: 2.00 Amps T-Pole: Yes No Jaws T-Pole: Ye	Subdivision:	Lot
Building Contractor's Company Name Telephone Address Email Address Email Address Electrical Contractor Information Description of Work Inspect Meter Are over (*Contest Proce Size: 2.00 Amps T-Pole: Yes No Jaws T-Pole: Ye	Description of Proposed Work: Inspection for power	r reconnect Total Job Cost 150
Address Electrical Contractor Information	~ 1	
Address Electrical Contractor Information	Building Contractor's Company Name	Telephone
License # Electrical Contractor Information Description of Work Inspect Meter Ar pour reconstitute Size: 200 Amps T-Pole: Yes No Jackson + Sans Electric Representation R		
Description of Work Inspect Motor for over reconstitution Description of Work Inspect Motor for over reconstitution Jackson + Sans Electric Electrical Contractor Information Algorithms Telephone Algorithms Description of Work Mechanical Contractor's Company Name Mechanical Contractor's Company Name Mechanical Contractor's Company Name Telephone Address Email Address Email Address License # Description of Work # Baths Fallephone Fallephone Address Figure Contractor Information Description of Work # Baths Fallephone	Address	Email Address
Description of Work Inspect Motor for pour reconsections Amps T-Pole: Yes No Tackson + Sans Electric 9[9-35] - 907 1 elephone 233356 1 elephone 2 electrical Contractor Information 2 elephone 2 ele		ARAGE SQ FT
Description of Work Inspect Motor for over reconstant Service Size: 200 Amps T-Pole: Yes No Jackson + Sens Electrical Contractor's Company Name 2007 S-Shere (inc Inspect Motor Information Informati		information
Tackson + Sons Electric Electrical Contractor's Company Name 2007 S. Shore line Address L 33356 License # Machanical (IVAC Contractor Information) Description of Work Mechanical Contractor's Company Name Telephone Telephone Telephone Telephone Telephone Description of Work Email Address Email Address Telephone	Description of Work Inspect Meter for gover reconsider	Vice Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name 2007 S. Shere line Address L 33356 License # Machanical/IVAC Contractor Information Description of Work Mechanical Contractor's Company Name Address Email Address Email Address Description of Work # Baths Plumbing Contractor's Company Name Telephone Telephone Fall Address Email Address	Jackson + Sons Electric	
L33356 License # Machanical@IVAC Contractor Information Description of Work Mechanical Contractor's Company Name Address Email Address License # Description of Work # Baths Full Description of Work # Baths	Electrical Contractor's Company Name	Telephone
L33356 License # Machanical@IVAC Contractor Information Description of Work Mechanical Contractor's Company Name Address Email Address License # Description of Work # Baths Full Holding Contractor's Company Mame Figure 1		jackson breat 25@49hao. 10
Description of Work Mechanical Contractor's Company Name Address Email Address License # Description of Work # Baths License graphing Contractor's Contractor Information Description of Work # Baths License graphing Contractor's Contractor is Contractor in Information Description of Work # Baths License graphing Contractor's Contractor is Contractor in Information Description of Work # Baths License graphing Contractor's Contractor is Contractor in Information Description of Work # Baths License graphing Contractor's Contractor in Contractor in Information Description of Work # Baths	7 5356 2343	Endail Address
Machanical/IVAC Contractor Information Description of Work Mechanical Contractor's Company Name Address Email Address License # Description of Work # Baths I unitping Contractor's Company Name I elephone		
Mechanical Contractor's Company Name Address Email Address License # Plumbing Contractor's Company Name Facility Contractor's Contrac		And India and all and
Address License # Description of Work # Baths # Bath	Description of Work	
Address License # Description of Work # Baths # Bath	*	
License # Plumbing Contractor's Lompany Name	Mechanical Contractor's Company Name	Telephone
License # Plumbing Contractor's Lompany Name		
Description of Work # Baths Furthering Contractor's Lompany Name Leispnone	Address	Email Address
Description of Work # Baths Furthering Contractor's Lompany Name Leispnone	License #	
i withbing Contractor's Company Name : elephone		with an arrange or his an arr
i withbing Contractor's Company Name : elephone	Description of Work	# Baths
	b and the second	Appendix to the second property of the second
Address Email Address	Furthering Contractor's Company Name	: elephone
Address Email Address		
	Address	Email Address
License #	I mense u	
Insulation Contractor Information	The second of th	Information
Insulation Contractor's Company Name & Address Telephone	Insulation Contractor's Company Name & Address	Toloppono

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots · new growth



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.

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
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
Sign w/Title: Brent Jackson (Owner) Date: 2-14-24