



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: George Sweet Date 20 May 24

Site Address: 137 Treasure Dr Lillington NC 27546 Phone 17038353326

Subdivision: South Creek Lot \_\_\_\_\_

Description of Proposed Work: Add Laundry Sink/ Closed case opening w receptacle Total Job Cost 2500

**General Contractor Information**

Bobby J Stewart DBA Stewarts Services 910 5274520

Building Contractor's Company Name 546 McArtan Rd Linden NC 28356 Telephone stewartss7584@gmail.com

Address \_\_\_\_\_ Email Address \_\_\_\_\_

N/A **HEATED SQ FT 2200** **GARAGE SQ FT** \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Add 3 receptacles Service Size: 200 Amps T-Pole: Yes  No

Swatt Electric 9108907746

Electrical Contractor's Company Name 206 West E Street Erwin NC 28339 Telephone thomaswest41@gmail.com

Address \_\_\_\_\_ Email Address \_\_\_\_\_

L36336

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 Relocate washer box/ Rough in laundry sink # Baths 2.5

Double J Plumbing LLC 9108147705

Plumbing Contractor's Company Name 614 Byrd Rd Bunnlevel NC 28323 Telephone jamiejohnsonplumbing@gmail.com

Address \_\_\_\_\_ Email Address \_\_\_\_\_

21649

License # \_\_\_\_\_

**Insulation Contractor Information**

Stewarts Services 9105274520

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.**

5/22/2024

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

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: Contactor Date: 5/22/2024