



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: GLENN RUSSELL Date _____
Site Address: 217 Oxford Woods Drive, Apex Phone 352-476-3822
Subdivision: _____ Lot _____
Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

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

Electrical Contractor Information

* HATE ELECTRIC LLC
Description of Work _____ Service Size: _____ Amps T-Pole: Yes ___ No
Electrical Contractor's Company Name _____ Telephone 919-639-6851
7836 Mc Hwy 55 South Address _____ HATEELECTRICNC@gmail.com Email Address _____
License # _____

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
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.

X *Shye Ruman*
Signature of Owner/Contractor/Officer(s) of Corporation

6-3-2024
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

X 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: *Shye Ruman* Date: 6-3-24

12x12
elect. only
needed

Application # _____

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: GLENN RUSSELL Phone: 352-476-3827

Owner (s) Mailing Address: 217 OXFORD WOODS DRIVE
ANGIER, NC 27501

Land Owner Name (s): GLENN RUSSELL Phone: 352-476-3827

Construction or Site Address: 217 OXFORD WOODS DRIVE, ANGIER, NC 27501

PIN # 0682-98-0670.000 Parcel # 040692 0017 19

Job Cost (Required): _____ Description of Work to be done REDUCED STORAGE 11X16 SHED

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington: INSTALL 15 AMP CIRCUIT IN
CONDUIT ON BEARING OF GARAGE. AVE WIRING TO
SPED'S

Subdivision: OXFORD WOODS Lot #: 9

I HARTE ELECTRIC will provide the ELECTRIC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

HARTE ELECTRIC LLC Telephone 919-639-6851
Contractor's Company Name
7836 N.C HWY 55 SOUTH WILLOW SPRINGS Address
U.C. 27592 Email Address
23339V License #

Structure Owner / Contractor Signature: [Signature] Date: 4-3-24

By signing this application, you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**
Faxed or Mailed application could have an approximately 1-5 day process time