

Application #	
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* 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.harnett.org/permits

name & phone must	910-893-7525 ext. 1 Fax 910-893-	2793 www.harnet	Lorg/permits	100
formation on license.			(018) 235	-0699
	Application for Residential B	uilding and Tr	ades Permit	0-11
One Address.	Joe Johnson Rog Naton; N.C. 275 dynork: NSWOLL to be do.		Lot Phone (1/8)20	-0699 01,2024 5-0699 +
Building Contractor's C	Company Name		Telephone	
Address			Email Address	
	HEATED SQ FT	GARAGE SC	QFT	
License #	Florida I Control	l		
Description of Work	Electrical Contrac	Service Size:	Amps T-Pole: Yes	No
Description of Work		0000		
Electrical Contractor's	Company Name		Telephone	
			And the control of th	
Address			Email Address	
	_			
License #				
	Mechanical/HVAC Con		nation	
Description of Work				
			T.I. I.	
Mechanical Contractor	rs Company Name		Telephone	
Address			Email Address	
Address			Email Address	
License #	_			
	Plumbing Contrac	tor Informatio	<u>n</u>	
Description of Work			_# Baths	
Plumbing Contractor's	Company Name		Telephone	
Address			Email Address	
-	_			
License #	Insulation Contrac	tor Informatio	un.	
	misulation contrac	tor informatio	<u></u>	
Insulation Contractor's	Company Name & Address		Telephone	
Insulation Contractor's	Company Name & Address	tor informatio	Telephone	

*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

7/1/2024

Affidavit for Worker's The undersigned applicant being the:	Compensation N.C.G.S. 87-14		
General Contractor Owner	Officer/Agent of the Contractor or Owner		
Do hereby confirm under penalties of perjury that to set forth in the permit:	the person(s), firm(s) or corporation(s) performing the work		
Has three (3) or more employees and has	obtained workers' compensation insurance to cover them.		
$\underline{\hspace{1cm}}$ Has one (1) or more subcontractors(s) and them.	has obtained workers' compensation insurance to cover		
Has one (1) or more subcontractors(s) who covering themselves.	has their own policy of workers' compensation insurance		
Has no more than two (2) employees and n	o 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:		