

Application #

* 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

Application for Residential Building and Trades Permit

Owner's Name: Edgar Clark		Date 08/10/2024
Site Address: 20 Noble Heart Pl. Fuquay Varina, NC. 27526	Phone	720-462-0658
Subdivision: Prince Place		
Description of Proposed Work: Stand-by generator, electrical service change		
General Contractor Information		
General Contractor Information		
Building Contractor's Company Name	Telephone	
Address	Email Address	
HEATED SQ FT GARAGE SQ	FT	
License #		
Description of Work Installing automatic transfer switch, Service Size: Edgar Clark (Homeowner) Service change		
Electrical Contractor's Company Name	Telephone	
20 Noble Heart Pl. Fuquay Varina, NC. 27526	gar10clark@gmail.com	
Address	Email Address	
N/A		
License #	ntion.	
Mechanical/HVAC Contractor Informa	<u>ation</u>	
Description of Work Installing gas line to propane tank for generator		
Edgar Clark (Homeowner)	720-462-0658	
Mechanical Contractor's Company Name	Telephone	
20 Noble Heart Pl. Fuquay Varina, NC. 27526	gar10clark@gmail.com	
Address	Email Address	
N/A		
License # Plumbing Contractor Information	•	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contractor Information	<u>1</u>	
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.

08/10/2024

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 X 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.		
X 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:		