



* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Owner's Name: Pearl & Bernard Minter Date: _____
Site Address: 1074 Red Hill Church Rd Phone: 919-780-8767
Subdivision: _____ Lot: _____

Description of Proposed Work: Connect power to Building Total Job Cost: \$3,000

Storage Building was Preformed

Building Contractor's Company Name Liberty Sheds Telephone 919 623 9696
Address 10029 ~~FA~~ Fayetteville Rd Fayette Email Address _____

HEATED SQ FT _____ GARAGE SQ FT 284

License #

Description of Work Run 60 Amp Circuit Service Size: 60 Amps T-Pole: Yes ☒ No
Auer Electric, LLC TO Building 919-753-5682
 Electrical Contractor's Company Name Telephone

Electrical Contractor's Company Name

6205 Tinwood Dr. Frougny Varing

Address

29379-4

License #

Telephone

auer.electric@msn.com
Email Address

Description of Work _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

License #

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor's Company Name & Address

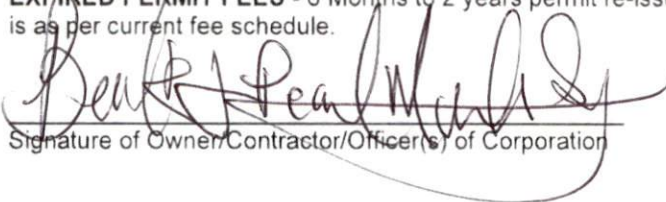
Telephone

*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.


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

3/12/2025
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: 

Date: 3/14/25