

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.hamett.org/permits

Application for Residential Building and Trades Permit

owner's Name: David A Boggs & Linda M Boggs	Date _2-27-25
Site Address: 92 Trophy Ridge Fuquay-Varina, NC 27526	Phone 919-817-2162
Subdivision: The Reserve	Lot 13
Description of Proposed Work: Installing a 16x20 wood framed storage shed	
General Contractor Informatio	
Backyard Storage Solutions, LLC	919-773-3177
Building Contractor's Company Name	Telephone
33 ₀ 1 Jones Sausage Rd, Suite 127 Garner NC 27529	Branch99Permits@backyardproducts.com
Address	Email Address
101256 HE ATEDS Q FT G ARAGED, F	STORAGE SQ FT 32
License#	2005 8 0 0 0 0
Electrical Contractor Informatio	
Description of Work _Adding lights and outlets to shed_ Service Siz	e:Amps
Electrical Contractor's Company Name	Telephone
112 Perkins Dr Suite 100 Chapel Hill NC 27516	melectricianchapelhill@gmail.com
Address	Email Address
09658	Email / Ida i oo
License#	
Mechanical/HVAC Contractor Inform	nation ·
	ation .
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License#	
Plumbing Contractor Information	on_
Provide the CAMPA	#-Baths Plumbing
Description of Work	# BathsPlumbing
Contractor's Company Name Telepho	one
Address	F
Address	Email Address
License#	*
Insulation Contractor Informatio	<u>n</u>
bInsulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor I owner must fill out and sign the second P.age of this apP.lication.



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.

Chris Naasz, Backyard Products, LLC

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

2-27-2025

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: Chris Naasz, Backyard Products, LLC / Branch Manager Date: 2-27-25	