

RESIDENTIAL BUILDING APPLICATION

Site Address: _____ PIN: 0633-26-2796.000

Owner: Barbara Griffin & Georgia Bullock Phone: 9194547899 Email: bullockgeorgia1@gmail.com

Description of Proposed Work: metal buidling Total Job Cost: 2,200

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Georgia Bullock (owner) 919-454-7899
General Contractor's Company Name Phone
750 cokesbury rd Fuquay-Varina NC, 27526 bullockgeorgia1@gmail.com
Address Email
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: power to the building for lights and outletss Service Size: 200 Amps T-Pole: YES ☐ NO ☒
Extreme
electric LLC
Electrical Contractor's Company Name 919-812-9929
69 Lynch Ave Lillington NC, 27546 Phone
Address Pbariaextreme@gmail.com
21453-L Email
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Plumbing Contractor's Company Name Phone
Address Email
License #

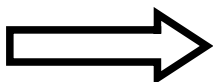
INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

11/6/2025

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation

11/6/2025

Date