

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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

## Application for Residential Building and Trades Permit

information on license.	
Owner's Name: James D. Hartman	Date: 12-8-25
Site Address: 199 M. McKinley St. Work Strange	Phone: 407-589-8683
Subdivision:	Lot:
Description of Proposed Work: Reported	Total Job Cost:
General Contractor Information  Danny Fisher Bidg. Contractor Scompany Name  Building Contractor's Company Name	910-890-1504 mobile
Danry Fisher Bldg. Contractor	910-892-6321 088
Building Contractor's Company Name	Telephone
Building Contractor's Company Name  604 WonderTown Frwin NC 28339  Address 71 50 3 4 HEATED SO ET 1200 CARAGE SO	Email Address
72543 HEATED SQ FT 1500 GARAGE SQ	FT None
License #	
Description of Work Repairs Service Size:	Amps T Pole: W Ves No
Joseph Fredley Flet Controlling	919-390-8954
Flectrical Contractor's Company Name	Telephone
	insech Fredley who Trill, com
Address 16 39 Farrell Rd. Sanford	joseph Fredley @ hotmail, com Email Address
32619 32169	
License #	
Mechanical/HVAC Contractor Informa	ation
Description of Work Repaired	0.0 200 200
Biggs HYM	919-710-2848
	Telephone
298 Shipwarh DR. GERNER NC 27599 Address	STeve jerni gan @ biggs hvac Email Address com
<del>(1395</del> (1(110C))	Ziridii Addross
License # Plumbing Contractor Information	
0	#Baths one
	910-464-54928
Plumbing Contractor's Company Name	Telephone
	· ciopitotto
Address	Email Address gmall-exp
11199 91	O .
License #	
Insulation Contractor Information	910- 999- 5928
Insulation Contractor's Company Name & Address	Telephone
PO BOX 1045, Clivter NC 28319	910-990-5928 Telephone PK@ WTRSTST. NOT
	econd page of this application
*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 <a href="by-signing-below-I have obtained all subcontractors-permission to obtain these permits">by-signing-below-I have obtained all subcontractors-permission to obtain these permits</a> and if <a href="mailto:any-changes-occur">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.

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.

Last 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

James Date: 128-22

carrying out the work.