

Building on the right
of the main house.



Harnett
COUNTY
NORTH CAROLINA

Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: CAD LTD LLC / Carolyn Donnan Date 1/11/24
Site Address: 8289 Red Hill Church Rd, Coats 27521 Phone 919-894-9714
Subdivision: _____ Lot _____

Description of Proposed Work: Add bath inside of existing home on the right side of the existing large home Total Job Cost _____
General Contractor Information Storage area of the side of the existing large home

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

100⁰⁰

HEATED SQ FT

GARAGE SQ FT

License # _____
Description of Work: 1 vent bath Add additional wire to existing room Service Size: 200 Amps T-Pole: Yes No
M+M Mechanical Maintenance LLC Telephone 919 902 3259

40⁰⁰

Electrical Contractor's Company Name _____
Address Po Box 2161, Dunn, NC 28335 Email Address jamesc.patterson13@yahoo.com
5531L \$1800

Mechanical/HVAC Contractor Information

Description of Work vent bath
M+M Mechanical Maintenance LLC Telephone 919-902-3259
Mechanical Contractor's Company Name _____
Address P.O. Box 2161, Dunn, NC 28335 Email Address jamesc.patterson13@yahoo.com
5531L 10472 \$300

40⁰⁰

Plumbing Contractor Information

Description of Work Plumb fixtures for bath # Baths 1
Price Roofing Telephone 910-890-1350
Plumbing Contractor's Company Name _____
Address 19 C. T. Thomas Ct., Lillington, NC 27546 Email Address Price Roofing 76@yahoo.com
34384 \$2200

50⁰⁰

Insulation Contractor Information

Insulation Contractor's Company Name & Address NA 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.

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

1/12/24
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: Candace Dorman Date: 1/11/24