

Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address! company name & phone must match information on state license!

Application #

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7625 Fax 910-893-2793 www.harnett.org/permits COMMERCIAL

Application for Building and Trades Permit Owner's Name: John Site Address: 425 Royal Dines LN lillington, NC, 27546 Phone: Description of Proposed Work: Shoo General Contractor Information: Building Cost \$ **Building Contractor's Company Name** Telephone Royal Dines LN Lilling Address Signature of Owner/Contractor/Officer(s) of Corporation License # **Electrical Contractor Information: Electrical Cost \$** Service Size: 400 Amps #T-Poles Description of Work Electrical Diacha ELECTRIC E MOINTENEURE Telephone Electrical Contractor's Company Name PIDNEER ELECTRIC (EARTHLINK . NE **Email Address** 211643-0 Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical Contractor Information: Mechanical Cost \$ Description of Work N/A # Units Mechanical Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information: Plumbing Cost \$ Description of Work Sensic to Bathroom - Sink + # Baths Drillon Michael Plumbing Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information Insulation in Roof only -Insulation Contractor's Company Name & Address Telephone

NOTE: General Contractor must fill out and sign the second page of this application



Sprinkler Contractor Information	
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation License # Fire Alarm Contractor Information	
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No	
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 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 changed at full price per current fee schedule!	
Signature of Owner/Contractor/Officer(s) of Corporation	Bept - 24-2019
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
General Contractor Woner Officer/Age	nt 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.	
las one (1) or more subcentractors(s) and has obtained workers' compensation insurance to cover	
Has one (1) or more subcontractors(s) whas 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: Johnson & Prutter	Date: Sept 74-2019