



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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: James Dustin Hinson Date: 11/23/20  
Site Address: 1196 Middle Rd. Dunn, NC 28334 Phone: 910-624-5130  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Barn/Garage Total Job Cost: 70,000

**General Contractor Information**

Self  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_ HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Barn/Garage Service Size: 100 Amps T-Pole: Yes  No  
Chris Sinclair Electric LLC Telephone 919-820-6229  
Electrical Contractor's Company Name \_\_\_\_\_  
201 Glover Rd. Dunn, NC 28334 Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
27819 Class-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Self New Barn/Garage  
Self  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Barn/Garage # Baths 1  
John Brint Adams Telephone \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_  
P.O. Box 45 Benson, NC Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
P17359  
License # \_\_\_\_\_

**Insulation Contractor Information**

M = Phail Metal Structures 1478 Carroll Store Rd. 910-990-0503  
Insulation Contractor's Company Name & Address Autryville, NC Telephone \_\_\_\_\_  
28318

\*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.

*James D. Smith*  
Signature of Owner/Contractor/Officer(s) of Corporation

11/23/20  
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: *James D. Smith*

Date: 11/23/20