



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: NATHAN E. BUCKNER Date _____
Site Address: 42 SANDY PT, SANFORD, NC Phone 919-478-1833
Subdivision: CAROLINA LAKES Lot _____
Description of Proposed Work: KITCHEN AND BATHROOM REMODEL Total Job Cost \$111,000

General Contractor Information

NATHAN BUCKNER [Signature] _____
Building Contractor's Company Name Telephone
Address _____ Email Address
License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work LIGHTING/WIRING FOR KITCHEN/BED Service Size: _____ Amps T-Pole: Yes No
SHALONDA'S ELECTRICAL SERVICE (SES) LLC 910-489-7076
Electrical Contractor's Company Name Telephone
75 AUSTIN FARM W, SANFORD, NC 27332 WWW.SESOFNC.COM
Address Email Address
31090-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work DUCT WORK
AIR MEDICS HEATING AND COOLING 910-814-7555
Mechanical Contractor's Company Name Telephone
7532 US 421 N, LILLINGTON, NC 27546 airmedics99@gmail.com
Address Email Address
19490
License # _____

Plumbing Contractor Information

Description of Work KITCHEN AND BATH PLUMBING # Baths 1
Fix-IT PLUMBING SERVICES INC. 919-776-7870
Plumbing Contractor's Company Name Telephone
Address 15229 fixitplumbing@windstream.net
License # _____ Email Address

Insulation Contractor Information

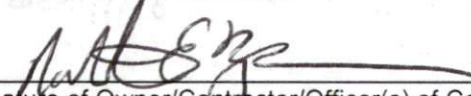
Insulation Contractor's Company Name & Address _____ Telephone _____

***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.


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

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor NO 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:

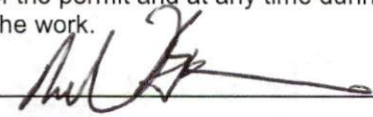
____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

____ 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: 

Date: 5 JULY 2024