

Application # \_\_\_\_\_

**Harnett County Central Permitting**

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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Cynthia Smith  
Holeman Date 10Jun2021  
 Site Address: 61 Parkwood Lane  
 Phone 919-561-7005  
 Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: Bathroom Repair Total Job Cost \$5000

**General Contractor Information**

\_\_\_\_\_  
 Building Contractor's Company Name  
 Telephone  
 \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 HEATED SQ FT \_\_\_\_\_ GARAGE SQ \_\_\_\_\_  
 FT \_\_\_\_\_  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_  
 \_\_\_\_\_ Amps T-Pole: \_\_\_Yes \_\_\_No  
 \_\_\_\_\_

\_\_\_\_\_  
 Electrical Contractor's Company Name  
 Telephone  
 \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
 \_\_\_\_\_

Mechanical Contractor's Company Name  
Telephone

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Address

Email Address

License #

**Plumbing Contractor Information**

Description of Work Re-installation of existing

fixtures # Baths 1

Rest Assured Plumbing

910-551-7928

Plumbing Contractor's Company Name  
Telephone

2117 Swimming Hole Circle Raleigh NC 27610

restassuredplumbingcompany@gmail.com

Address

Email Address

L34238

License #

**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.

*Cynthia Smith Holman*

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

Date *10 Jun 21*

**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:

Date: