



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: 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

Replacing drain lines

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

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: