



Harnett County Central Permitting  
400 McKinney Pkwy Lenoir, NC 27548  
PO Box 65 Lenoir, NC 27548  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Let be owner/occupier or  
need contractor. Address,  
city name & phone must  
for information on license.

Owner's Name: Linda Sullivan Date 10/12/21

Site Address: 58 S. McKinley Street Coats, NC 27521 Phone 610-639-5684

Subdivision: \_\_\_\_\_  
Description of Proposed Work: Add bathroom

Total Job Cost \$25,000

General Contractor Information

Self \_\_\_\_\_  
Telephone 610-639-5684

Building Contractor's Company Name \_\_\_\_\_  
Telephone linda.m.sullivan1@gmail.com

Address \_\_\_\_\_  
Email Address \_\_\_\_\_

RECEIVED PERMITTING DEPARTMENT

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 \_\_\_\_\_  
# Baths \_\_\_\_\_

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

Address \_\_\_\_\_  
Email Address \_\_\_\_\_

License # \_\_\_\_\_

Insulation Contractor Information

Insulation Contractor's Company Name & Address \_\_\_\_\_  
Telephone \_\_\_\_\_

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Insulation Contractor's Company Name & Address

*Linda Sullivan*

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.

Linda Sullivan *Linda Sullivan* 10/12/21  
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  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: *Linda Sullivan* Date: 10/12/21