



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.

**EXPRED 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.

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

9/7/22  
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: Michael Gray

Date: 9/7/22

5463 2588 6851 6645  
Exp 07/26 Zip 28339  
3-dig code 040



Harnett County Central Permitting  
 PO Box 65 Lillington, NC 27546  
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: \_\_\_\_\_ Date: 9/7/22  
 Site Address: 110 Glenmont Creek Place Phone: \_\_\_\_\_  
 Subdivision: Erwin NC Lot: \_\_\_\_\_  
 Description of Proposed Work: Injection Backflow

General Contractor Information

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: N/A Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

Electrical Contractor Information

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
 Electrical Contractor's Company Name N/A Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

Mechanical/HVAC Contractor Information

Description of Work \_\_\_\_\_  
 Mechanical Contractor's Company Name N/A Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

Plumbing Contractor Information

Description of Work Injection Backflow # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name Mis Plumb Co Inc Telephone (910) 818-4122  
 Address 784 Gentry Rd Erwin NC 28339 Email Address misplumb@hotmail.com  
 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.

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Bill Enclo  
 770 PE 15000  
 784 GENTRY RD  
 ERWIN, NC 28339  
 2833958316