

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Charles Tacia	Date 2-14-2024
Site Address: 748 Spring Hill Church Rd. Lillington Nc 27546	Phone
Subdivision:	Lot1
Description of Proposed Work: Renovation of existing home(no ad	
General Contractor Informati	
Wits Remodeling inc.	(919)708-2316
Building Contractor's Company Name	Telephone
456 Heron Rogers LN. Broadway NC 27505	Witsremodeling97@gmail.com
Address	Email Address
74761 HEATED SQ FT 2186 GARAGE	SQ FT
License #	
Description of Work Interior renovation and repairs Service Siz	<u>tion</u> e: Amps T-Pole: Yes No
IM Description	(919)890-3655
Electrical Contractor's Company Name	Telephone
409 Chatham Str. Sanford NC	0000000 • 0000000000
Address	Email Address
21326	
License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work	
Mechanical Contractor's Company Name	Telephone
	E - 1 A 1
Address	Email Address
1:#	
License # Plumbing Contractor Informa	tion
Description of Work Replace water and Drain lines	
CM DI LI	(919)353-3586
Plumbing Contractor's Company Name	Telephone
1049 Cool Springs Rd. Lillington NC 27546	
Address	Email Address
35745	
License #	
Insulation Contractor Informa	
Tri City Insulation 3154 Camden Rd Fayetteville NC	(910)486-8855
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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any changes">any changes occur including listed contractors</a>, 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  2-14-2024  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.	
$\underline{\hspace{1cm}}$ 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: President Date: 2-14-2024	

