



Application # _____


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

* Each section below to be filled out by whomever performing work. 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: COLT BAXTER Date 3 Sept 2024
Site Address: 340 Marian Lane Phone 314 607 5662
Subdivision: N/A Lot _____
Description of Proposed Work: Addition + Remodel Total Job Cost ~ 60K

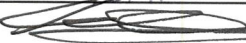
General Contractor Information

OWNER 
Building Contractor's Company Name 340 Marian Lane Telephone 314 607 5662
Address N/A Email Address colt.baxter@gmail.com
License # _____ HEATED SQ FT 638* GARAGE SQ FT N/A

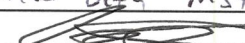
Electrical Contractor Information

Description of Work OWNER See Addition Plans Service Size: 200 Amps T-Pole: Yes No
OWNER 
Electrical Contractor's Company Name Telephone 314 607 5662
Address _____ Email Address _____
License # _____


Mechanical/HVAC Contractor Information

Description of Work OWNER Move A/C/Heat unit, install minisplit, New ducting
OWNER 
Mechanical Contractor's Company Name Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Owner New bath install # Baths 1.5
Owner 
Plumbing Contractor's Company Name Telephone 314 607 5662
Address _____ Email Address _____
License # _____


Insulation Contractor Information

OWNER 
Insulation Contractor's Company Name & Address Telephone 314 607 5662

***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.


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

319-607-5662
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. - Supplemental coverage confirmed on homeowner policy

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. - Has policy

_____ 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:  Colt Baxter Owner Date: 3 SEPT 2024