

Existing SBR 2 Bath. No structural changes



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: Michael Casile Date 16 Oct 2024
Site Address: 29 Elman Gilchrist Phone 919-889-5727
Subdivision: _____ Lot _____
Description of Proposed Work: Fix/maintain home Total Job Cost 30,000

General Contractor Information

Casile Real Estate, Inc 919-889-5727
Building Contractor's Company Name Telephone
300 Wood Barn Ct, FV 27526 mikeL711@gmail.com
Address Email Address

HEATED SQ FT 1300 GARAGE SQ FT 0

License # _____

Electrical Contractor Information

Description of Work Replace old wiring Service Size: 200 Amps T-Pole: Yes No
Electrical Experts 919-586-5463
Electrical Contractor's Company Name Telephone
71 Mistywood Dr, FV 27526 electricalexperts@aol.com
Address Email Address

License # 22689-L

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work more plumbing # Baths 2
Hardison Svc's LLC 919-820-1434
Plumbing Contractor's Company Name Telephone
2 Atlantic Ave, Benson 27504
Address _____ Email Address _____
License # 34260

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.

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

16 Oct 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.

____ 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: [Signature] OWNER Date: 16 Oct 2024