

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

Application # ______

Harnett County Central Permitting

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: Jr Johnson	Date 11/1/24
Site Address: 2152 Arrowhead Rd, Dunn, NO	
Subdivision: HL Grodwin	Lot 2
Description of Proposed Work: Relocated wash Machine	Total Job Cost \$3000 00
ISTFILOT. Crawl. General Contractor Information	
Building Contractor's Company Name	Telephone
Address	Email Address
HEATED SQ FT	
License #	the property of the property o
Description of Work <u>Electrical Contractor Information</u> Service Size:	<u>n</u> Amps T-Pole:YesNo
Description of Work defvice size.	
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	Anomica series series (all and the Control of Control o
	- Control of the provided
Mechanical Contractor's Company Name	Telephone
Address	
Address	Email Address
License #	
Plumbing Contractor Information	
Description of Work Kelocated washing Muchine, 1st Flow	# Baths
Biggs HVAC Frectical Plumbing	919-329-8288
Plumbing Contractor's Company Name	Telephone
298 Shypwash Drive, Gamer, NC	Shantelle Univer abigative
(CIDI)	Email Address
License #	
Insulation Contractor Information	<u>n</u>
Insulation Contractor's Company Name & Address	Telephone
Tallie & Addiess	i diaprioria

*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 gurrent fee schedule.

COLL B. GOS

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: Scott Paggs Oliner Date: 4764