

Application # \_\_\_\_

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

## Application for Residential Building and Trades Permit

Owner's Name: Antoine and Tonya Mclean Site Address: 351 Prarie Lane Cillington NC	Data 8holas
Site Address: 351 Prarie Lane Lillianton WI	77541a Phono 254 274 0071
Subdivision:	I of
Subdivision:	sten Total Job Cost 8990
General Contractor Inform	
Building Contractor's Company Name	
Building Contractor's Company Name	Telephone
Address	Email Address
HEATED/SQ/FT GARA	GE SO FT
License #	A CONTRACTOR OF STATE
Description of Work Install author in Cruwlspace Service	<u>'mation</u> Size: Amps T-Pole: Ves No
# lash Gordon Bectic	410 587 8441
Liectrical Contractor's Company Name	Telephone
SI Porter Road Hope Millipe 28348	Flosh gordon electric uce gmail on
Address	Email Address
License #	
Mechanical/HVAC Contractor I	nformation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	
Address	Email Address
License #	
Plumbing Contractor Inform	
Description of Work Install bruke Poltration System	
Plembing by Baw	910920 0948
Plumbing Contractor's Company Name	Telephone
Stel Gillespie St Layetkullo NC 28301 Address	permits Ephulany by bother won
.23211	Email Address
License #	
Insulation Contractor Inforn	<u>nation</u>
Insulation Contractor's Company Name & Address	Tolonbons
manager o 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

8/28/25 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:	