

Application for Building and Trade Permit

Owner's Name: _____ Date: _____
Address: _____ Phone: _____
Directions to job site: _____

Subdivision: N/A Lot: _____
Type Construction: (Please Check)
New Renovation Addition
Moved House Other
Specify Type of Work: _____
Building Use: (Please Check)
Residential Modular
Commercial Multi-Family

Building Permit Information

Heated Crawl Space
Unheated Slab
Building Contractor's Company Name: Moss Home Builders of Rocky
W. Al Moss
Signature of Officer(s) of Corporation
Building Construction Cost \$ _____
Acres Disturbed 1 Stories _____
PO Box 577 Lillington NC
Address _____
18637 License # _____
910-893-4875 Telephone

Electrical Permit Information

Description of Work: Electrical Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: _____ Amps
Electrical Contractor's Company Name: Pioneer Electric & Maintenance Co., Inc.
Neil B. Johnson
Signature of Officer(s) of Corporation
4012 Old US 421 Lillington NC, 27546
Address _____
21643 License # _____
910-814-3751 Telephone

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name: TRC City Insulations
910-486-8855 Telephone
418 Person St Fay Address

Mechanical Permit Information

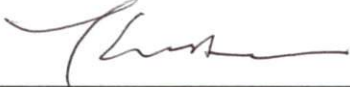
Description of Work: HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Mechanical Contractor's Company Name: Beasley's Hg & A/C, Inc.
R. Brent Beasley
Signature of Officer(s) of Corporation
57 W. C. Beasley Ln. Coats NC 27521
Address _____
9497 License # _____
919-894-4248 Telephone

Plumbing Permit Information

Description of Work: Plumbing Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name: Double J Plumbing LLC
21649 License # _____
604 Byrd Rd Bunnville NC
Address _____
(910) 814-7705 Telephone
28323

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

0ct 16 2018

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: 

VP

Date: 0ct 16 2018



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

General Contractor Information

Building Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

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.**