



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: PAROW CHESLEY JOHNSON JR Date: \_\_\_\_\_  
Site Address: 231 CHESLEY LN LILLINGTON NC Phone: 910-890-5607  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Building HOUSE Total Job Cost: \$ 80,000

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Owner  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps T-Pole:  Yes  No

Tommy Patricke  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone 910 237 1594

1309 NORTH MAIN  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

4910  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

J & M Heating & Air  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone 910-897-5501

724 TURLINGSTON RD, DUNDY NC  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

17164  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

J R Wagner  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone 910-890-2299

555 TIRZAH DRIVE  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

31576  
License # \_\_\_\_\_

**Insulation Contractor Information**

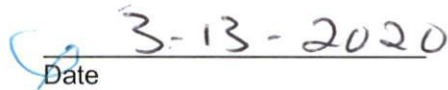
Owner  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone 910-890-5607

**\*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

  
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:

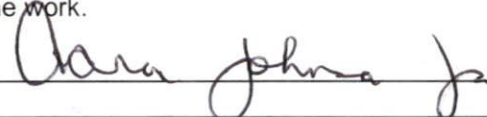
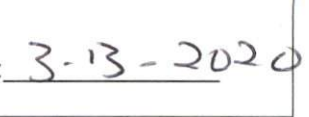
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  OWNER    Date: 

# Payment Receipt Confirmation

Your payment was successfully processed.

## Transaction Summary

Description	Receipt Confirmation	
		Amount
Liens NC		\$30.00
Total Amount Paid		\$30.00

## Customer Information

<b>Customer Name</b> aaron johnson	<b>Receipt Date</b> 3/13/2020
<b>Company Name</b> a johnson jr farms	<b>Receipt Time</b> 02:25:14 PM EDT
<b>Local Reference ID</b> 393952	

## Payment Info

<b>Payment Type</b> Credit Card	<b>Credit Card Number</b> *****9125
<b>Credit Card Type</b> MAST	<b>Order ID</b> 46878844
	<b>Name on Credit Card</b> aaron johnson jr

## Billing Information

<b>Billing Address</b> 231 chesley ln	<b>Phone Number</b> 9108905607
<b>Address 2</b> 231 chesley ln	<b>This receipt has been emailed to the address below.</b>
<b>Billing City, State</b> lillington, NC	
<b>ZIP/Postal Code</b> 27546	
<b>Country</b> US	<b>Email Address</b> acjj31@gmail.com