

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: Lyon Builders Inc. Date: 3-9-20
 Site Address: 103 Sandy Pt. Sanford NC Phone: 919 357 0370
 Subdivision: Carolina Lakes Lot: 750,000
 Description of Proposed Work: New Construction Total Job Cost: 350,000

General Contractor Information

Lyon Builders Inc. 919 357 0370
 Building Contractor's Company Name Telephone
2139 Barbecue Church Rd.
 Address Email Address
56754
 License #

Electrical Contractor Information

Description of Work New Electrical Service Size 200 Amps T-Pole: Yes No
Wester & Pace Electric 919-489-3846
 Electrical Contractor's Company Name Telephone
614 Leslie Rd. Sanford NC
 Address Email Address
12607-u
 License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Sandhills Heating & Refrigeration 910-338-3723
 Mechanical Contractor's Company Name Telephone
9206 Aberdeen Rd. Aberdeen, NC 97
 Address Email Address
30377
 License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 3 1/2
Gilbert Plumbing Co. 910-214-1274
 Plumbing Contractor's Company Name Telephone
1638 Timothy Rd. Dunn
 Address Email Address
90929
 License #

Insulation Contractor Information

Tri-City Insulation
 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

3-9-20

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:  President Date: 3-9-20