

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: 11/30/2020
 Site Address: 1608 Lakeforest trail Phone: 919-353-0370
 Subdivision: Carolina Lakes Lot: _____
 Description of Proposed Work: New Construction Total Job Cost: 235k

General Contractor Information

Lyon Builders Inc Telephone: 919-353-0370
 Building Contractor's Company Name
239 Barbecue Church Rd Sanford, NC Email Address: lyonp70@gmail.com
 Address 27332
56754 License #

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: X Yes ___ No
Wester and Pace electric Telephone: 919-499-3946
 Electrical Contractor's Company Name
644 Leslie Rd, Sanford, NC 27332 Email Address: _____
 Address 17007-U
 License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Sandhills heating and Refrigeration Telephone: 910-338-3723
 Mechanical Contractor's Company Name
9706 NC211 Aberdeen, NC 28315 Email Address: _____
 Address 30377
 License #

Plumbing Contractor Information

Description of Work Plumbing # Baths: _____
McDonald Plumbing Telephone: 919-770-0773
 Plumbing Contractor's Company Name
5321 Swanstation Rd Sanford, NC Email Address: _____
 Address 27332
11824 License #

Insulation Contractor Information

Tri-City, 334 E Mountain Dr. Fayetteville. Telephone: 910-486-8855
 Insulation Contractor's Company Name & Address 28306

***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

11/30/2020
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: 11/30/2020