

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

Application for Residential Building and Trades Permit

tion on license.	7 - 1 - 1
Owner's Name: Doche Trylor Site Address: 140 E. Odwy St. Coasax 27521	Date: 3-21-25
Site Address: 140 E. Odum St. Coolsax 27521	Phone: <u>952-250-1</u> 093
Subdivision:	Lot:
Description of Proposed Work: New Home	Total Job Cost: 150,000,00
General Contractor Information	
Danny Ray Fister	9108901504
Building Contractors Company Name	Telephone
PRESS. XY, WWW. T. KNWO HOD WOOD POOD	dfister Ctopospaloo way
Address	Email Address
172543 HEATED SQ FT 1700 GARAGE SI	Q FT
	on
Description of Work NEW INSTERM Service Size:	
NEWSE RIVER Electric, INC	919-740-7086
Electrical Contractor's Company Name	Telephone
2416 Now Borbor church rd. garner NX 271520	9 NewsErivErelectric@graw. Com
L-3003	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New InStall	
Randy LEF Jackson	9/0-247-294/ Telephone
Mechanical Contractor's Company Name	Telephone
100N 13th St suite 15W Erwin, NC 78339	
Address H-3- # /85/5	Email Address
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work New Kild	# Baths_ Z
SA GOVER MUNKING INC	919 868 0959
Plumbing Contractor's Company Name	Telephone
304 quais Hollow Sanford NC 27333	gloverphylinge rocket mas
Address	Email Address
23160 License #	
Insulation Contractor Information	on Oran area
ralams Insubolion	919 369 3770
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

Affida The undersigned applicant be		ompensation N.C.G.S. 8	7-14
V Comment Combination	0	Officer/Agent of the Contr	
General Contractor	Owner	Officer/Agent of the Contr	actor or Owner
Do hereby confirm under pen set forth in the permit:	alties of perjury that the	person(s), firm(s) or corporation	on(s) performing the work
Has three (3) or more	employees and has obta	ained workers' compensation i	nsurance to cover them.
them.		s obtained workers' compensa	
Has one (1) or more so covering themselves.	ubcontractors(s) who ha	s their own policy of workers'	compensation insurance
Has no more than two	(2) employees and no s	subcontractors.	
Department issuing the permit to issuance of the permit and	it may require certificate	sought it is understood that the is of coverage of worker's com permitted work from any persor	pensation insurance prior
carrying out the work. Sign w/Title:	All a	UNEX/Applicant	Date: 3-21-21