

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

tion on license.	
Owner's Name: WBB ENTERPRISES (WAYLOW)	BUCKHNAN) Date: 4-5-21
Site Address: 5173 SORING HILL Church RD. LICLINGTON NC 27546	Phone: 910-105-6536
Subdivision: LICCINGTON NC 27546	Lot: 3
Description of Proposed Work: New Home CONSTRUCTION	Total Job Cost: 42 50,000
General Contractor Information	,
Tom NASH CONTRACTING LLC Building Contractor's Company Name	919-438-9817 Telephone
3632 TULE SPRING ST. BALEIGH NC 27610 Address 2290	T.NASH. LLC QGMAIL. Com Email Address
79955 License #	432
Description of Work New Home ElecTRIC Service Size	on 200 Amps T-Pole: Ves No
Electrical Contractor's Company Name	919-669 - 7209 Telephone
Address NC 55E CORTS NC 27520	ONTIMESERVICES. PAUL & gmail.co
24450 License #	
Mechanical/HVAC Contractor Inform	
Description of Work Tustall 21/2 Ton Heat	
Mechanical Contractor's Company Name	919 - 438 - 9817 Telephone
	T. NASH. LLC @ Gmail. Com Email Address
34333 License #	
Plumbing Contractor Information	
Description of Work Plumb New Construction It	
Plumbing Contractor's Company Name	919-553-4955 Telephone
Address Court Clayton NC 27528	STAFFE BPPLUMBING . Com
27132 License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	910-486-8855
1.34 LACT MOUNTAIN DOC.	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 Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 67-14 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: W ANN Date: 4-5-21