

Application #

Harnett County Central Permitting
FO 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

on on license.	12/1/2
Owner's Name: JAMES NEIGHBORS	Date: 10/14/21
Site Address: 496 ByRD ROAD BYNNLEVEL M	Phone: 9/0 890-2103
Subdivision: N/A	Lot: 1/4
Description of Proposed Work: 50	Total Job Cost:
General Contractor Informati	<u>ion</u>
Moss Hume Builders & Rentry INC	(910) 890-2111
ballang Contractor & Company Harris	Telephone
PO BOX 577 LILLINGTON, NC 27546	
Address	Email Address
18631 HEATED SQ FT GARAGE	SQ FT
License #	N
Description of Work Description of Work Service Size	e: Amps T-Pole: Yes No
Description of Work Service Size Pro NECL ELECTRIC & MAINTENANCE INC.	(910) 214.3751
Electrical Contractor's Company Name	Telephone
4212 OLD US 421 LILLINGTON, NE 27546	
Address	Email Address
21643	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work	
BEASLEY'S ATIGE AND INC	(910) 894-4248
Mechanical Contractor's Company Name	Telephone
57 WC BRASLEY LN , COATS, NC.	E
Address 9497	Email Address
License #	
Plumbing Contractor Informa	tion
Description of Work	# Baths
WILLIFORD PLUMBING	9191 915-0.533
Plumbing Contractor's Company Name	
	Telephone
865 JERNIGAN LOOD RD DUNN NE	
865 JERNIGAN LOOP RD DUNN, NR.	
Address	Telephone
Address 30747 License #	Telephone Email Address
Address 30747 License # Insulation Contractor Information	Telephone Email Address
Address 30747 License # Insulation Contractor Information STEDALNS RIAG PRODUCTS	Telephone Email Address ation (919) 630-8365
Address 30747 License # Insulation Contractor Information	Telephone Email Address

*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.

12/11/21

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: