



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

Owner's Name: Jonathan Taylor Date: 8-2-21
Site Address: 5675 South River Rd, Lillington Phone: 910-528-6522
Subdivision: N/A Lot: _____
Description of Proposed Work: Detached Garage Total Job Cost: 75,000

General Contractor Information

Self-Contracted
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

HEATED SQ FT 574 **GARAGE SQ FT** 1038

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Pioneer Electric Telephone: 919-499-7767
Electrical Contractor's Company Name _____
80 Neill Thomas Rd, Lillington Email Address _____
Address _____
21643-U License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction
S & M Heating + Air Telephone: 919-291-0376
Mechanical Contractor's Company Name _____
724 Turlington Rd, Dunn, NC 28334 Email Address _____
Address _____
17164 License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths: 1.5
Eric Price Telephone: 910-890-6140
Plumbing Contractor's Company Name _____
2511 South River Rd, Lillington Email Address _____
Address _____
34384 License # _____

Insulation Contractor Information

Tatum Insulation II Telephone: 919-661-0999
Insulation Contractor's Company Name & Address _____
519 Old Drug Store Rd, Granger, NC 27529

***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

8-2-21

 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:

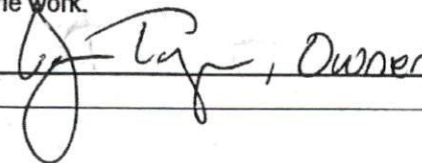
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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:  Owner Date: 8-2-21