



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 (Garage Apt) 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 ~~1035~~ 814

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No

Pioneer Electric _____
Electrical Contractor's Company Name Telephone 919-499-7767

80 Neill Thomas Rd, Lillington _____
Address Email Address _____

21643-U _____
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction _____
S & M Heating + Air _____
Mechanical Contractor's Company Name Telephone 919-291-0376

724 Turlington Rd, Dunn, NC 28334 _____
Address Email Address _____

17164 _____
License #

Plumbing Contractor Information

Description of Work New Construction _____ # Baths 1.5
Eric Price _____
Plumbing Contractor's Company Name Telephone 910-890-6140

2511 South River Rd, Lillington _____
Address Email Address _____

34384 _____
License #

Insulation Contractor Information

Tatum Insulation II 519 Old Drug Store Rd, Garner, NC 27529 _____
Insulation Contractor's Company Name & Address Telephone _____

919-661-0999

***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:

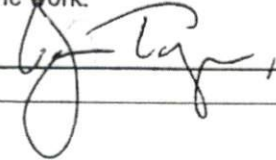
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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