

Application # \_\_\_\_\_

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

## Application for Residential Building and Trades Permit

name & phone must match	Application for the	, /
information on license.	TRICKLEY + COMPANY LL	Date: 3/31/21
Owner's Name:5	TRICKLEY & CAMPANY LE	11 / 1/ Dhana (12-66)-7//
Site Address:		WIN, NC Phone: 910-890-2165
Subdivision: ERW	in MILLS	Lot: 5
Description of Propose	ed Work: NEW CONTRACTION	•
•	General Contractor Inform	Hallon
JEREMY M.		912-890-6160
Building Contractor's Company Name		Telephone /
1330 CANE		jMstricklu183 Eyahancon
Address		Email Address
51550	HEATED SQ FT_1270 GARA	GE SQ FT
License #	Electrical Contractor Infor	mation
		Ciza. / (1) Amns 1-Pole 103
Description of Work		919-291-8766
RST ET	Hrice	Telephone
Electrical Contractor's	Company Name	• • • • • • • • • • • • • • • • • • • •
3432 ZACK	S MILL RD. Angick, NC	Email Address
Address	•	Email Address
24701-I		
License #	Mechanical/HVAC Contractor	Information
	A/S-/	
Description of Work	70 200	910-242-2941
RANDY LEE JAKKON		
Mechanical Contracto	or's Company Name	Telephone
100 2. 13+1	SY SUITE IS FRUN WE	Email Address
Address		Email Address
H-3-1 1851Z		
License #	Plumbing Contractor Info	rmation
		• 7
Description of Work	NEW	# Baths
JERFMY WILLIFGOD		419-113-00333
Plumbing Contractor's Company Name		Telephone
SGT JERN	who cop Ro. Ourw, NC	
Address		Email Address
30747		
License #		
$\mathcal{D}$	Insulation Contractor Info	rmation (1) CO TO-1
PARTER BR	os INC	910-990-5928
Insulation Contractor	's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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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

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

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: Date: 5/15/26

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