

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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name:			Date:	
Site Address:			Phone:	
Subdivision:			Lot:	
Description of Proposed	Work:			
	General Contr	actor Information		
Building Contractor's Company Name			Telephone	_
Address			Email Address	_
License #	HEATED SQ FT: 2414	GARAGE SQ	FT: 894	
		ractor Information		
Description of Work		Service Size: _	Amps T-Pole:Yes _	No
Electrical Contractor's Company Name			Telephone	_
Address			Email Address	_
License #  Description of Work	Mechanical/HVAC (		<del></del>	
Mechanical Contractor's	Company Name		Telephone	
Address			Email Address	_
License #	Plumbing Cont	ractor Informatio	<u>n</u>	
Description of Work			_# Baths	
Plumbing Contractor's Company Name			Telephone	_
Address			Email Address	_
License #	Insulation Cont	ractor Information	<u>n</u>	
Insulation Contractor's C	omnany Name & Address		Telenhone	

\*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 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 set forth in the permit:	s of perjury that th	e person(s), firm(s) or corporation(s) performing the work		
Has three (3) or more emp	loyees and has ob	otained workers' compensation insurance to cover them.		
Has one (1) or more subcothem.	ntractors(s) and h	as obtained workers' compensation insurance to cover		
Has one (1) or more subco covering themselves.	ntractors(s) who h	nas their own policy of workers' compensation insurance		
Has no more than two (2) e	employees and no	subcontractors.		
Department issuing the permit ma	y require certificat	sought it is understood that the Central Permitting tes of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation		
Sign w/Title:		Date:		