

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: ______ Date: ______ Site Address: _____ Phone: ______ Subdivision: _____ Lot: _____ Description of Proposed Work: _____ Total Job Cost: _____

General Contractor Information

Building Contractor's Company Name	Telephone	

Address Email Address

HEATED SQ FT GARAGE SQ FT

License # Electrical Contractor Information

Description of Work	Service Size:	Amps	T-Pole:	Yes _	No
Electrical Contractor's Company Name		Telephone			

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work		
Mechanical Contractor's Company Name	Telephone	

Address

License #

Address

Plumbing Contractor Information

Email Address

Email Address

Description of Work _	#	Baths
· -	_	

Plumbing Contractor's Company Name

Telephone

License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

*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.

Kelsey Rivera Signature of Owner/Contractor/Office					
Signature of Owner/Contractor/Office	r(s) of Corporation	Date			
Affidavit for The undersigned applicant being the:		pensation N.C.G.S. 87	7-14		
General Contractor	_ Owner	Officer/Agent of the Contra	actor or Owner		
Do hereby confirm under penalties of set forth in the permit:	perjury that the pe	rson(s), firm(s) or corporatio	n(s) performing the work		
Has three (3) or more employe	ees and has obtaine	ed workers' compensation in	surance 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: Kelsey River	a	Da	ate:		
U					

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent		
Mailing address of Agent		
Physical address of Agent		
Telephone	Fax	
Email		

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required. ***DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY***

Today's DateCont	ract Date	Fees Due:	Deposit, Owner, Water Deposit, Owner, Sewer Deposit, Rental, Water	\$25 Set Up Fee, \$25 all accounts: \$15 \$50	
Date Service Requested			Deposit, Rental, Sewer	\$50 Meter Fee: \$70	
This agreement is to request the Harnett the District's Rules and Regulations, to					
Service Address: TBD Countryside D	orive - PIN 0507-42-9009.	000			
Owner_x Renter (PROPER	RTY OWNER & PHONE NO.)	McKee Hor	mes, LLC 910-475-7100,72	27	
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST) McKee Homes, LLC			ME (FIRST, LAST)		
MAILING ADDRESS: 4208 Six Forks Rd, Ste 810, Raleigh, NC 2760	9	<u>,</u>			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL S	ECURITY # OR TIN	CONTACT PHONE #	
271-87-2893					
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S	S LICENSE # AND STATE	DATE OF BIRTH	
EMPLOYER NAME	<u>I</u>	EMPLOYE	ER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYE	ER ADDRESS	PHONE #	
PREVIOUS ADDRESS		PREVIOUS	S ADDRESS		
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #			
I, the undersigned, do agree to abide by make all payments on time when due as further notice. In order for service to be from court action to collect on an accor \$1.00 will not be refunded. Property being used, until the property is sold LOSS. Please ensure residence or fac requesting water service. By signing this application, you are agree.	stated on the WATER/SE restored, I will be required unt will be the responsible owners will be responsible or rented. HARNETT illity is prepared for water than the responsible to the responsible or rented.	WER bill, the late pay ALL lity of the cuble for a mo COUNTY Is er connection 18 years of a	e department has the right to DUE amounts plus a \$40 r istomer. FINAL BILLS wonthly bill regardless of v S NOT RESPONSIBLE in. Make sure all valves & ge.	to disconnect my service without reconnect fee. Any fees resulting with a credit balance of less than whether water and/or sewer is FOR WATER DAMAGE OR & faucets are turned off before	
<mark>Customer Signature</mark> <u>K</u> a	elsey Rivera				
Customer Signature <u>/</u> FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	Same Day	\$45Me	eter Fee \$70Damage \$	Other \$	
Account # Transferred From:					
ACCOUNT #: CID:	LID:	_ WATER	SEWERCRED	OIT: APPROVED / DENIED	

Turn On:_____Unlock Only:_____Read Only:____Install:_____ Customer Serv Rep: ____