



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: Allen Greer Date: _____
Site Address: 46 Wyoming Ct. Spring Lake NC 28590 Phone: 907-690-0978
Subdivision: Sierra Villas Lot: 35
Description of Proposed Work: _____ Total Job Cost: _____

General Contractor Information

(Self) Allen Greer 907-690-0978
Building Contractor's Company Name Telephone
46 Wyoming Ct. Spring Lake NC 28390 thekitchenwindowed@gmail.com
Address Email Address
owner HEATED SQ FT 1939 GARAGE SQ FT 519
License #

Electrical Contractor Information

Description of Work All electrical work Service Size: _____ Amps T-Pole: Yes No
TAPCO electric 910-322-9112
Electrical Contractor's Company Name Telephone
3334 Lake Bend Dr. Fayetteville NC 28511 Bzumwalt97@aol.com
Address Email Address
21217-L
License #

Mechanical/HVAC Contractor Information

Description of Work install HVAC
Scott Service Company 910-309-2270
Mechanical Contractor's Company Name Telephone
118 Ridgeway Dr Suite E Fayetteville NC 28511 scottserviceco@hotmail.com
Address Email Address
31436 H-3
License #

Plumbing Contractor Information

Description of Work install all Plumbing # Baths 2
Dell Haire Plumbing 910-429-9939
Plumbing Contractor's Company Name Telephone
PO Box 65048 dellhaireplumbing@hotmail.com
Address Email Address
3288 LP1
License #

Insulation Contractor Information

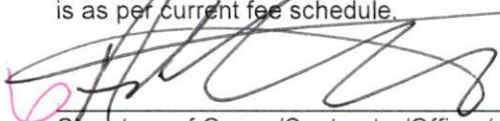
Cumberland Insulation 910-483-7346
Insulation Contractor's Company Name & Address Telephone
4205 Clinton Rd. Fayetteville NC 28512

*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 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: 