



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: DEBRA TAYLOR HAIRE Date 12/20/21
Site Address: TAYLOR ROAD, SPRING LAKE, NC 28390 Phone 910-890-9429
Subdivision: PIN 0505-36-7688 Lot 3A
Description of Proposed Work: 3BR/ONE STOREY RESIDENCE Total Job Cost \$185,840.00

General Contractor Information

DEBRA HAIRE / OWNER-CONTRACTOR 910-890-9429
Building Contractor's Company Name Telephone
10 TAYLOR ROAD, SPRING LAKE, NC 28390 debrataylorhaire@gmail.com
Address Email Address
N/A **HEATED SQ FT 1616 GARAGE SQ FT 494**
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
DEBRA HAIRE / OWNER-CONTRACTOR _____
Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work _____
DEBRA HAIRE / OWNER-CONTRACTOR _____
Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
DEBRA HAIRE / OWNER-CONTRACTOR _____
Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

DEBRA HAIRE / OWNER-CONTRACTOR _____
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.


Signature of Owner/Contractor/Officer(s) of Corporation

12/20/21
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: Debra Taylor Haice owner Contractor Date: 12/20/21