



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: ROBERT WIGGINS Date: \_\_\_\_\_  
Site Address: 190 ROUND ROCK LN Phone: 919 819 5443  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: NEW HOME Total Job Cost: +/- \$250,000

**General Contractor Information**

ROBERT WIGGINS 919 819 5443  
Building Contractor's Company Name Telephone  
190 ROUND ROCK LN RSWIGGINS@RSWIGGINS.CO  
Address Email Address  
OWNER

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work COMPLETE ELECTRIC Service Size: 300 Amps T-Pole:  Yes  No  
RS WIGGINS COMPANY 919 819 5443  
Electrical Contractor's Company Name Telephone  
2054-170 KILDAIRE FARM RD RSWIGGINS@RSWIGGINS.CO  
Address CARY NC 27518 Email Address  
19980

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work COMPLETE HVAC  
EXACTEMP 919 427 7921  
Mechanical Contractor's Company Name Telephone  
5509 WESTGATE RD  
Address RALPH 27617 Email Address  
18471 exactemp.hvac22@gmail.com  
License # \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Complete plumbing # Baths: \_\_\_\_\_  
ROBERT WIGGINS  
Plumbing Contractor's Company Name Telephone  
Address \_\_\_\_\_ Email Address  
OWNER  
License # \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**


INSULATING INC. 919 776 4138  
Insulation Contractor's Company Name & Address Telephone  
1827 JEFFERSON DAVIS SANRANO

**\*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

6-10-22  
 \_\_\_\_\_  
 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:

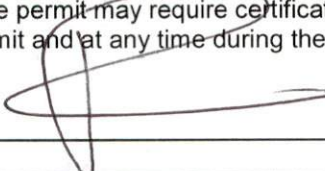
\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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: 6-10-22