



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: Gregory Inc \_\_\_\_\_ Date \_\_\_\_\_

Site Address: Lot 1A Bethel Church Rd \_\_\_\_\_

Phone 919-422-8130

Subdivision: \_\_\_\_\_ Lot 1A \_\_\_\_\_

Description of Proposed Work: build new house \_\_\_\_\_ Total Job Cost \_\_\_\_\_

**General Contractor Information**

Gregory Inc \_\_\_\_\_ Telephone 9194228130

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

800-A. N Raleigh St Angier, NC 27501 \_\_\_\_\_

Email Address Gregoryinlanman@gmail.com \_\_\_\_\_

36220 HEATED SQ FT 1364 GARAGE SQ FT \_\_\_\_\_

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

**Electrical Contractor Information**

Description of Work wire new home \_\_\_\_\_ Service Size: 200 Amps T-Pole: x

Yes \_\_\_ No

Mabry's Electrical Service \_\_\_\_\_

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

731 Mabry Rd Angier, NC 27501 \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

U. 15077 \_\_\_\_\_

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

**Mechanical/HVAC Contractor Information**

Description of Work install new hvac in new home \_\_\_\_\_

Polar Bear Heating and Air \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

55 E Main St Coats NC 27521 \_\_\_\_\_ Email Address \_\_\_\_\_

L30048 \_\_\_\_\_

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

**Plumbing Contractor Information**

Description of Work Plumb new home \_\_\_\_\_ # Baths 2

Barnes Plumbing \_\_\_\_\_ 919-422-2133 \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

239 Millwood Ln \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

L.17735 \_\_\_\_\_

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

**Insulation Contractor Information**

strong roots • new growth

TN-Caly  
Insulation Contractor's Company Name & Address

919-772-9000  
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]  
Signature of Owner/Contractor/Officer(s) of Corporation

2-8-2022  
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: 2-8-2022