

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Kin Lawson Homes, Inc.	Date <i>OS-DS-303-3</i>
Site Address: 105 Whench Strevet Ernin, NC 28339	Phone (919) 423-6979
Subdivision:	Lot 3B
Description of Proposed Work: SFR Construction	Total Job Cost 4 70 000.
General Contractor Information	
Ken Dawson Horses, Inc.	<u>(919) 433 - 6979</u> Telephone
Building Contractor's Company Name	Telephone
2493 NC HWY. 242 N. Benson, NR 27504	Lenndewson & hotmail.com
Address	Email Address
License #	SOFT NORA
Description of WorkSFRService Size:Amps T-Pole:YesNo	
RP Electric Surice Inc.	919 669-4454
Electrical Contractor's Company Name	
726 Chapel Hill Rd. Cary, NC 22513	b500 ahell south ned
Address	Email Address
<u>SP. SFD, 2266</u> 1 License #	
Mechanical/HVAC Contractor Information	
Description of Work SFR Constadion	6.4 0.45
Central Air, Inc.	Telephone travis & centralairm com
Mechanical Contractor's Company Name	Telephone
2040 NC HWY. 965. Four Oaks, NC 27524 Address	Email Address
	Email Address
<u>L, 28699</u> License #	
Plumbing Contractor Information	
Description of Work SFR Constants	# Baths 2
Oscilete J Plumbing, HC	910 814-7705
Plumbing Contractor's Company Name	Telephóne
Address Plumbing Contractor's Company Name 614 Byrd 57 Bunnlevel, NC 28323	icmie jchneon plumbing @gmail.com
Address /	Email Address
<u>L. 21649</u>	
License #	
Insulation Contractor Informati	- 1 - 1 A
Instruction Signal Name & Address 7,7529	(9/9) 6/6/1-0999 Telephone
Insulation Contractor's Company Name & Address 27539	Lorohitorie

*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 schedul.

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: 05-D5-2022	