

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

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	Owner's Name: Daniel Edward Hickman	Date <u>5-/0-23</u>				
	Owner's Name: Daniel Edward Hick Man Site Address: 828 Ponchartrain Street Fuguey Varia	14,1/275 Phone 252-205-0939				
	Subdivision:	Lot6				
	Description of Proposed Work: New Single Family Dwellin	gTotal Job Cost				
	General Contractor Information					
	Raynor By: lders Inc.	919-639-2011				
	Building Contractor's Company Name	Telephone				
	Raynor By: Iders Inc. Building Contractor's Company Name 725 N. Raleigh Street, Angier, IV. C. 27501 Address					
	40079 HEATED SQ FT 2548 GARAGE SQ	FT 6//				
License #						
Description of Work Wire New Home Service Size: 200 Amps T-Pole: WesNo						
	Mahry Electrical Service Fre. Electrical Contractor's Company Name	919 - 639 - 4837 Telephone				
	731 Mabry Road Angier, N.C. 27501 Address	mahryelectrical.com Email Address				
	15077-4					
	License #	action				
Mechanical/HVAC Contractor Information						
	Description of Work New HVAC systen in new	910, 229 1686				
	Stephenson Heating and Air Mechanical Contractor's Company Name	Telephone				
	343 Ship wash Drive, Garner, N.C. 27529 Address	stephensonheatingandain				
		Email Address . COM				
	18644					
License # Plumbing Contractor Information						
	Description of Work Plumb New home	# Baths 2				
		910-890-1350				
	Plumbing Contractor's Company Name	Telephone				
	19 CT Thomas Lane Lillington IV.C. 27546 Address	pricerooting 76 @ yahoo. com Email Address				
	P2 34384					
	License # Insulation Contractor Information	an .				
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. 1	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

5-10-2023

is as per current fee schedule.

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

Affidavi	t for Worker's (Compensation N.C.	G.S. 87-14		
The undersigned applicant being	g the:				
General Contractor _	Owner	Officer/Agent of th	ne Contractor or Ow	ner	
Do hereby confirm under penalti set forth in the permit:	es of perjury that th	ne person(s), firm(s) or co	orporation(s) perforr	ming the work	
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.					
Has one (1) or more subcontent.	contractors(s) and h	nas obtained workers' co	mpensation insuran	ce to cover	
Has one (1) or more subcovering themselves.	contractors(s) who h	has their own policy of w	orkers' compensation	on insurance	
Has no more than two (2)	employees and no	subcontractors.			
While working on the project for Department issuing the permit n to issuance of the permit and at carrying out the work.	nay require certifica	ates of coverage of worker	er's compensation in	nsurance prior	
Sign w/Title:	Kon	· · · · · · · · · · · · · · · · · · ·	Date: 5 - 10	3-2023	