



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

Application for Residential Building and Trades Permit

Owner's Name: April Van Slyke Date: _____
Site Address: 1132 Pine Oak Lane Phone: 910 527 9000
Subdivision: _____ Lot: _____
Description of Proposed Work: Electrical, Plumbing HVAC Total Job Cost: 79,000

General Contractor Information

~~Blantons~~ April Van Slyke Telephone 910 527 9000
Building Contractor's Company Name
Owner Occupied apr.lgreg.ag@gmail.com
Address Email Address
HEATED SQ FT 2852 GARAGE SQ FT _____

Electrical Contractor Information

Description of Work panel, electrical Service Size: 200 Amps T-Pole: Yes ___ No
Blantons Air Telephone 910 778 9665
Electrical Contractor's Company Name
4514 Brass Blvd Fayetteville 28303 glenn.goldsmith@
Address Email Address BlantonsAir.com
34883
License #

Mechanical/HVAC Contractor Information

Description of Work 3 ton, 2 ton, full duct work
Blantons Air Telephone 910 778 9665
Mechanical Contractor's Company Name
4514 Brass Blvd Fayetteville 28303 glenn.goldsmith@BlantonsAir.com
Address Email Address
20688
License #

Plumbing Contractor Information

Description of Work replumb entire house # Baths 4
Blantons Telephone 910 778 9665
Plumbing Contractor's Company Name
4514 glenn.goldsmith@BlantonsAir.com
Address Email Address
20688
License #

Insulation Contractor Information

April Van Slyke Telephone 910 527 9000
Insulation Contractor's Company Name & Address

*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

5/8/2023

 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: 5/8/2023