

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match informa

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

ation on license.	11.220	
Owner's Name	McDougalD Rd Lillington N	Date: 2-22-23
Site Address:	McDougalD Rd Lillington N	1627546 Phone: 919-669-7140
Subdivision:	////	Int D
Description of Propos	ed Work: New SFD	Total Job Cost: # 180,000
	General Contractor Information	: 1985 -
Keith N	Itchael Brown	919-669-7140
Building Contractor's	Company Name	Telephone
805 Coley 1	Farm Rd Fuguay Vanna NC 275:	as KMBC11@ gmail, com
Address	Farm Rd Fuguay Vanina NC 275:	Email Address
31/15	HEATED SQ FT GARAGE!	
License #	m	
Description of Work	New 5FD Service Size	On Amer T Polos I V
Alpha & Omo	as Floring of 116 116	[[[전기 등 경기 기계
Electrical Contractor's	ga Electric of NC LLC Company Name	9/9-669-34/8 Telephone
1084 Lake 6	Pidge Dr. Creedmoor NC 27522	Ludwig electrical e gmail, c
Address,	- age 2110 Evaluou /10 27392	Email Address
24828		Lindii Addi Cas
License #		
	Mechanical/HVAC Contractor Infor	mation
Description of Work	New SFD	
Certified	Heating & Air	910-858-0000
Mechanical Contracto	r's Company Name	
PO BOX 1071	Hope Mills NC 28348	Certificalheatair @ gmail, Co.
Address		Email Address
20012 4267	<u>(</u>	
License #		
	Plumbing Contractor Informati	<u>on</u>
Description of Work	New SFD Plumbing Inc	# Baths 2
Thornton's	Plumbing Inc	919-550-4833
r fullibring Conflictors	Company Name	Telephone
3160 -A Vir	son Rd, Clayton NC 27527	TPI office 2 @gmailicom
Address	<b>,</b>	Email Address
22/52		
License #	h	
Total +	-nsulation TI Gamer 11C	#####################################
	Company Name & Address	919-661-0999
madiation Contractor S	Company Name & Address	Telephone

\*NOTE: General Contractor I 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 sermits 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 cértify 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

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

2-22-23

Date

	Affidavit	for Worker's	Compensation N.C.	G S 87-14
The unde	signed applicant being		oomponoadon mo.	<b>'</b>
1	General Contractor _	Owner	Officer/Agent of th	e Contractor or Owner
	by confirm under penaltic in the permit:	as of perjury that the	ne person(s), firm(s) or co	prporation(s) performing the work
Н	as three (3) or more emp	oloyees and has o	btained workers' compen	sation insurance to cover them.
them.	as one (1) or more subo	ontractors(s) and I	nas obtained workers' col	mpensation insurance to cover
THE REAL PROPERTY.	as one (1) or more subco themselves.	ontractors(s) who	has their own policy of w	orkers' compensation insurance
H	as no more than two (2)	employees and no	o subcontractors.	
Departme to issuan	ent issuing the permit m	ay require certifica	ites of coverage of worke	that the Central Permitting r's compensation insurance prior y person, firm or corporation
Sign w/Ti	1/2016	ner-	Owner	Date: 2-22-23