

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

Application for Residential Building and Trades Permit

Owner's Name: wicker Construction Corp.	Date <u>2-20-33</u>				
Site Address: 232 Captain Herbon					
Subdivision: Carolina Laker	Lot 134				
Description of Proposed Work: Pen construction	Total Job Cost 350,000.00				
General Contractor Information					
Wicker Construction Corp Building Contractor's Company Name	919 356 8585 Telephone				
2904 Carbonton RD Sanford nc 27370 Address	brittenwicker Byghoo.com Email Address				
License # HEATED SQ FT 2100 GARAGE SQ					
Description of Work <u>New SFD</u> Service Size: 3	OCO Amps T-Pole X Yes No				
	919-499-3946				
Electrical Contractor's Company Name	Telephone				
Lety Lestic RD Sanford nc 27332	Email Address				
12007~U License #					
Mechanical/HVAC Contractor Information	ation				
Description of Work Dew SFO					
Certified Heating a Air Conditioning Mechanical Contractor's Company Name	910-858-0000 Telephone				
PO. Box 1071 Hope Mills NC. 28348	Email Address				
H3C1-20013	Email Address				
License # Plumbing Contractor Information					
Description of Work Dew SFD	# Baths3				
Plumbing Contractor's Company Name	919-770-0773 Telephone				
5321 Swans Station Rd Senfordinc 27332					
Address	Email Address				
11824 License #					
Insulation Contractor Information	<u>1</u>				
To Tuin Insulation 11, INSUIS ON Drug Store R Insulation Contractor's Company Name & Address Garner NC 27529					

*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

			mpensation N.C.C	3.S. 87-14	
	ed applicant being th				
Gener	al Contractor	Owner	Officer/Agent of the	e 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 thre	e (3) or more emplo	yees and has obta	ained workers' compens	sation insurance to cover them.	
Has one them.	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover em.				
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.					
Has no	more than two (2) er	mployees and no s	ubcontractors.		
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:	Bin	Presiden ³	0	Date: <u>2-30-23</u>	