

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

\* 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: Southern Bult, LLC	Date 4-27-202
	Phone 19-868-2515
	Lot5 .
Description of Proposed Work: SFD 1500SF Ranch	
General Contractor Information	
- Southern Builtille	919-868-2515
Building Contractor's Company Name	
POBOX 1112 Unton NC Ju	Telephone  Le Stancil Move@gn  Email Address
Address Kul	Email Address
17897 HEATED SQ FT 1514 GARAGE SC	ET 484
Description of Work electrical Contractor Information  Service Size: 200 Amps T-Pole: Yes No	
Description of Work <u>electrical</u> SFD Service Size:	200 Amps T-Pole: YesNo
SNO Electrial Electrical Contractor's Company Name	919-427-6952
Contractor's Company Name	Telephone
19655 NC210 Hwy Angler	Empil Address
13075-6	Email Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work HVAC	014 = 0
Stephenson Heating Hin Mechanical Contractor's Company Name	919 329 0686
343 Shipwash Dr. Garner	Telephone
Address Address	Email Address
18644	Linaii Address
License #	
Plumbing Contractor Informatio	- ~
Description of Work Plumb SWKS, bashs facets	<u>n</u> _# Baths
Description of Work Plumb SWKS, paths facets  To Plumbing Contractor Information  Description of Work Plumbing  To Plumbing  Description of Work  To Plumbing  Description of Work  To Plumbing  Description of Work  Description	# Baths 2 910-214-0396
Description of Work Plumb SWKS, bashs facets  Plumbing Contractor Information  Plumbing Contractor's Company Name	- ~
Plumbing Contractor Information  Description of Work Plumbing Sunks, bashs facets  The Difference Plumbing Contractor's Company Name  2652 Southeast Blvd Clinton	# Baths 2 910-214-0396 Telephone
Description of Work Plumb SWKS, bashs facets  Plumbing Contractor Information  Plumbing Contractor's Company Name	# Baths 2 910-214-0396
Plumbing Contractor Information  Description of Work Plumbing Sunks, bashs facets  The Difference Plumbing Contractor's Company Name  2652 Southeast Blvd Clinton	# Baths 2 910-214-0396 Telephone
Plumbing Contractor Information Description of Work Plumb SUNKS, bashs facets  THD Plumbing Plumbing Contractor's Company Name  2652 Southeast Blvd Clinton  Address 16489-P	# Baths 2
Plumbing Contractor Information Description of Work Plumb SWKS, bashs facets  To Plumbing Plumbing Plumbing Contractor's Company Name 2652 Southeast Blvd Clinton Address [6489-P] License #	# Baths 2

\*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

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: 4-27-23	