

* 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: Slver Stone	Date 4/25/23
Site Address: 80 1DA 5+	
Subdivision:	Lot
Description of Proposed Work: Single Family Home	
General Contractor Information	
TRevel construction	919-669-4964 Telephone
Building Contractor's Company Name	Telephone
8421 Wyndadje Or	TREVEL 67 @ Aol. com
	Email Address
73789 HEATED SQ FT 1403 GARAGE SC	FT 45 /
Electrical Contractor Information	
Description of Work Wew Electron Service Size:	
Electrical Contractor's Company Name	919-363-7474 Telephone
RO Box 162 APex NC 27562	GRP (G D) and I d de to (b)
Address	OPPICE @ Imperial El ectercinc Email Address . Con
19850-6	
License #	ation
Mechanical/HVAC Contractor Information	
Description of Work New Howc	919-901-8901
Mechanical Contractor's Company Name	Telephone
PO Box 190 clayton NC 27520	asmitha Carolina comfortair
Address	Email Address
29677	
License # Plumbing Contractor Information	
Description of Work New Plumby	#Baths 2
Alliance Plumbin	919-422-8217
Plumbing Contractor's Company Name	Telephone
5127 Willespan D2 charton 27520 Address	alloweplunby Jmail Email Address
893181	
License #	_
Insulation Contractor Informatio	
Insulation Contractor's Company Name & Address	779 - 345 - 0864 Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



4/25/23

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: Precident Date:	

