

* 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

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: JELEMY + AUTUMN BYRD	Date 11 Aug 23
Site Address: CLAY HOLE RD DINN NC	28335 Phone 919 669 9897
Subdivision: Jecany Byro	Lot(
Description of Proposed Work: 3. F. D.	Total Job Cost 335,000.
General Contractor Information	
THE QUEST DEVELOPMENT CO. OF DONN INC.	910-591-8703
	Telephone
P.o. 2121 DONN NC 28335 Address	KE 70 @ INTR STAR. NET Email Address
License # HEATED SQ FT 2777 GARAGE SQ	FT 614 CARPORT
Electrical Contractor Information	1
Description of Work NEW 5.F. D. Service Size:2	
Electrical Contractor's Company Name	910-990-5635 Telephone
1937 EDMUND MATHIS RD. CLINTON 28328	Email Address
Address	Email Address
24870-0 License#	
Mechanical/HVAC Contractor Information	ation_
Description of Work NEW S.F.D.	
JANOM HEATING AND AIR	
	Telephone
Address Address	Email Address
17164	Email Address
License #	
Plumbing Contractor Information	
Description of Work NEW S.F.D.	
Plumbing Contractor's Company Name	Telephone
2287 PALKERTOWN RD. FOOR OAKS 27254 Address	Fmail Address
20013	Lillali Address
License #	
Insulation Contractor Information	-
Insulation Contractor's Company Name & Address	910 - 484 - 7118 Telephone
4205 CLINTON RD. FAY. 28712	
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*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

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: 11 Aug 23