



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: Richard Gates Date 8/18/23
Site Address: 108 Fred Burns Rd Phone _____
Subdivision: _____ Lot _____
Description of Proposed Work: BATHROOM ADDITION Total Job Cost \$50K

General Contractor Information

NC Custom Homes Telephone 919-946-3662
Building Contractor's Company Name
1508 MYCENAE PL. Email Address ddozier@AR.nc.com
Address
61623 HEATED SQ FT 126 GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work WIRE ADDITION Service Size: 200 Amps T-Pole: Yes No
AMTEC ELECTRIC Telephone 919-946-2662 524-9879
Electrical Contractor's Company Name
622 SUNSET RD, FV. Email Address _____
Address
22335-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work REWORK DUCT TO NEW AREA
MAYNOR SERVICE CO Telephone 919-698-3731
Mechanical Contractor's Company Name
1000 C-OD WORTH RD, APEX Email Address _____
Address
35159
License # _____

Plumbing Contractor Information

Description of Work REWORK BATH # Baths 2
WANDA PLUMBING Telephone 910-890-2299
Plumbing Contractor's Company Name
PO Box 604, MANFAS, NC Email Address _____
Address
31576 27552
License # _____

Insulation Contractor Information

INSULATION INC, 1212 HARNETT Telephone 919-772-9666
Insulation Contractor's Company Name & Address
RALEIGH, NC

*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

8/18/23
Date

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: 8/18/23