

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

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 #

Application for Residential Building and Trades Permit

A STATE OF THE STA	
Owner's Name: Paramount Lower Treseporates	Date 8-12-2023
Owner's Name: Jacomount Comes The expension Site Address: 262 Hook Dr. Fuo way Varin	Phone 919.603
Subdivision:	
Description of Proposed Work: New Single Family Res.	Total Job Cost
General Contractor Information	
Building Contractor's Company Name	9 19 . 608 · 4 / 5 9
Building Contractor's Company Name	57 in him a httpshahoo. 12
9904 Wishing Willow Dr. Roley, NC 276	Email Address
Address 73 6 4 HEATED SQ FT 3/32 GARAGE SQ	FT 805
license #	
Electrical Contractor Information	Amps T-Pole: Yes No
All Trade Contractors - Mc Grath Fle frie	919.4812429
Electrical Contractor's Company Name	Telephone
1001 Trinity RQ Cary, No 27519	bousher@alltradecoxtractors.com
Address	Email Address
23/79-5FD Desen Cusher-holder	
License # Mechanical/HVAC Contractor Information	ation
Description of Work Nove Posedential SF Home	- Heat Pump HVAC
All Trade O start fore - Jos hue Oring (trolder)	919.481.2429
All Trade Contractor's Company Name Pring (trolder) Mechanical Contractor's Company Name	Telephone
1001 Trinity Rd Cary, NC 27519	Frain Address
Address	Email Address
36013 H.3 Class 1 License #	
Plumbing Contractor Information	
Description of Work New Residential SFflome	_# Baths
Tweat water Plumsing	919.270-6869
Plumbing Contractor's Company Name	Telephone
4318 Triland Way Cary, NC 27518	Tomosweetwaterplumbing 11c.cov Email Address
23793 Tom Bailey holder	
License #	20
Insulation Contractor Information	910, 772-9000
Insulation Contractor's Company Name & Address 2760	Telephone
210	

*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

	Affida	vit for Worker's	Compensation N.C.	G.S. 87-14
The undersigne				
Gener	ral Contractor	Owner	Officer/Agent of th	ie Contractor or Owner
Do hereby con set forth in the	firm under pena permit:	alties of perjury that	the person(s), firm(s) or co	orporation(s) performing the work
Has three	ee (3) or more	employees and has	obtained workers' comper	nsation insurance to cover them.
Has one them.	e (1) or more su	ubcontractors(s) and	has obtained workers' co	mpensation insurance to cover
Has one covering thems		ubcontractors(s) who	has their own policy of w	orkers' compensation insurance
Has no	more than two	(2) employees and r	no subcontractors.	
Department iss to issuance of carrying out th	suing the perm the permit and e work.	it may require certific at any time during th	cates of coverage of worken he permitted work from an	that the Central Permitting er's compensation insurance prior by person, firm or corporation Date: 8 - 22 - 202