

Application # _____

* 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 for Residential Building and Trades Permit

Owner's Name: SBM Homes	Date 10-17-23
Site Address: 410 Ray Byrd Road	Phone <u>919-478-09</u> 6
Subdivision: Roy Byrd	Lot <u>55</u>
Subdivision: Roy Byrd Description of Proposed Work: New Residential	Total Job Cost
General Contractor Information	
Building Contractor's Company Name	Telephone
Address	Email Address
HEATED SQ FT GARAGE SO	
License #	
Description of Work Service Size:	on Amps T-Pole: Yes No
Electrical Contractor's Company Name	Telephone
	Email Address
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New HVAC	
Total Systems HVAC Mechanical Contractor's Company Name	910-436-3450 Telephone apetotalsystemsno.com
Mechanical Contractor's Company Name	Telephone
13341 NC Hwy ZIO South Springlike 28390	Email Address
28846	Email Address
License #	
Plumbing Contractor Information	
Description of Work	# Baths
District Control to the Control of Control o	Talanhana
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	on
misdiation contractor information	
Insulation Contractor's Company Name & Address	Telephone
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*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-bermission 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.

wner/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: 10-17-23	