



Application #

Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Each section shall be filled out by contractor or licensed professional engineer. Must be owner or licensed professional engineer. Information required:

Date: 4-8-24

Phone: 910-892-4345

Lot: 6

Total Job Cost: \$160,650.00

General Contractor Information

Telephone: 910-892-4345

Email Address: northbuilding@gmail.com

Address: 59493

License #

Electrical Contractor Information

Description of Work: NSF Ducting

Telephone: 919-499-5389

Email Address

Address: 17007-K

License #

Mechanical/HVAC Contractor Information

Description of Work: NSF Ducting

Telephone: 919-329-0686

Email Address

License #

Plumbing Contractor Information

Description of Work: NSF Ducting

Telephone: 984-303-1896

Email Address

Address: 34800

License #

Insulation Contractor Information

Description of Work: NSF Ducting

Telephone: 919-661-0999

Telephone

Insulation Contractor's Company Name & Address

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

strong roots • new growth

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.

Paul Nils
Signature of Owner/Contractor/Officer(s) of Corporation

4-9-24
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: Paul Nils Project Manager

Date: 4-9-24