



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 3866 Benson Rd PIN: _____
Owner: Samuel Velazquez Garcia Phone: 919 818 1397 Email: Samgarcia1774@gmail.com
Description of Proposed Work: Building a house Total Job Cost: \$150,000.00

GENERAL CONTRACTOR INFORMATION

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

Owner
General Contractor's Company Name
Address
License #
Phone 919 818 1397
Email Samgarcia1774@gmail.com

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Owner Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Electrical Contractor's Company Name
Address
License #
Phone
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Owner
Mechanical Contractor's Company Name
Address
License #
Phone
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: Owner # of Fixtures: _____
Plumbing Contractor's Company Name
Address
License #
Phone
Email

INSULATION CONTRACTOR INFORMATION

Owner
Insulation Contractor's Company Name
Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

9-8-25

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☒ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

9-8-25

Date