

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:SUSAN WOODLEY	Date 7/29/Z
Site Address: 641 BAZBECUE CA. RD.	Phone 919 - 494 - 9045
Subdivision:	Lot
Subdivision:	_ Total Job Cost _ \$ 350,000.30
General Contractor Information	
LYON BUILDERS LLC Building Contractor's Company Name	Telephone
2139 BARBECUE CH. RD. SANFORD, 27332 Address	Lyonp 70@ gmail.com Email Address
NC 56754 HEATED SQ FT 1145 GARAGE SO License #	QFT_X_
Description of Work Service Size:	On Amps T Bolo: KVos No
	9101 7-17 2C3d
IM POPE EUTICIC Electrical Contractor's Company Name	919 343 8534 Telephone
409 CHATHAM ST. SANFORD, NC 29330	relephone
Address	Email Address
21326	Zinan / taarese
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
AFFOLDABLE ITEAT & AIR Mechanical Contractor's Company Name	919 770 3240 Telephone
Mechanical Contractor's Company Name	Telephone
PO BOX 326 LEMON SPRINGS, NC 28355	
Address	Email Address
20044 License #	
Plumbing Contractor Information	
Description of Work	# Baths
DOUBLE J PLUMBING LLC	_# Baths
Plumbing Contractor's Company Name	Telephone
614 BYRD RD. BUNNLEVEL, NC 28323	
Address	Email Address
21649	
License #	
Insulation Contractor Information	
INSULTING NC	919 776 4138
Insulation Contractor's Company Name & Address	Telephone

*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.

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

 $\frac{u/z9/z4}{Date}$

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 Lyon Owner Date: Le 29/24