



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Allen + Karen Towhan Date 4-29-24
Site Address: 405 Lakeside LA Sanford NC Phone 910-922-1057
Subdivision: Carolina Lakes Lot 16 F
Description of Proposed Work: New Construction Total Job Cost 500K

General Contractor Information

Lyon Builders Inc. 910 651 6689
Building Contractor's Company Name Telephone
531 South Park Way Lyon76@gmail.com
Address Email Address
86754 HEATED SQ FT 2712 GARAGE SQ FT 764
License #

Electrical Contractor Information

Description of Work Electrical Service Size: 400 Amps T-Pole: Yes No
Waster & Pece Electric 919-498-4948
Electrical Contractor's Company Name Telephone
614 Leslie Rd. Sanford NC williamwaster@gmail.com
Address Email Address
12007-4
License #

Mechanical/HVAC Contractor Information

Description of Work Certified Heating & Air
HVAC
Mechanical Contractor's Company Name 910-858-0006 Telephone
207 David Parnell St. Parkton, NC serviced certified heating Email Address
Address com
49-20012
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths _____
McDonald Plumbing 919-770-0773
Plumbing Contractor's Company Name Telephone
5121 Swanns Station Rd. Email Address
Address Sanford
11824
License #

Insulation Contractor Information

Trinity Insulation 910-486-8855
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.

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

4-29-24
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: President

Date: 4-29-24