



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: Brian Herring Date _____
Site Address: 255 Old Stage Rd N Coats, NC 27521 Phone 910-984-7137
Subdivision: _____ Lot _____
Description of Proposed Work: New construction of Home Total Job Cost \$359000.00

General Contractor Information

Brian Herring - Owner Telephone 910-984-7137
Building Contractor's Company Name _____
364 Rocky Run Ln. Lillington, NC 27546 Email Address bher98@aol.com
Address _____

HEATED SQ FT 3000 GARAGE SQ FT 693

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 2-200 Amps T-Pole: Yes No
Owner
Electrical Contractor's Company Name _____ Telephone _____

Address _____

Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Owner
Mechanical Contractor's Company Name _____ Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Owner
Plumbing Contractor's Company Name _____ Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor Information

Owner
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.

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

0/5/24
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: Brian Henry

Date: 0/6/24