

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

Application for Residential Building and Trades Permit

Owner's Name: <u>Scott Larkey</u>	Date _G-10-Z4
2.2 1/ / 20	Phone
Subdivision: Neills Creek Forms Sub	
Description of Proposed Work: Single family home (self build) Scott Kevin Larkey General Contractor Informatio OBA: Larkey Construction Company Building Contractor's Company Name	n
OBA: Larkey Construction Company	419 306-1801
Building Contractor's Company Name	Telephone
120 Fisher My. Cillingon, NC CISTO	_ <u>Sk lacker 10 amail.com</u> Email Address
Address	
	QFT 29/5
License #	
Description of Work Wire for new constructor Service Size:	2700 Amps T-Pole: Yes No
- Owner / Ruilder	The state of the s
Electrical Contractor's Company Name	<u>4/9 306-7807</u> Telephone
	= Klacker 1@ amail ama
Address	<u>Sklarkey 1@ gmail</u> com Email Address
License #	
Mechanical/HVAC Contractor Inform	7
Description of Work Hedin / Cooling for new construction	tion
Mechanical Contractor's Company Name	910 781-8446
Mechanical Contractor's Company Name	Telephone
3261 Natal St. Foretteville Ne 28306	
Address	Email Address
License #	
Plumbing Contractor Information	
Description of Work Intal Supply & Wode Lines / Des Const	
Owner/Builder	
Plumbing Contractor's Company Name	<u>4/9 306-/80/</u> Telephone
3	5Klarkey 1@ gmails con
Address	Email Address
License #	
Insulation Contractor Information	
Owner/Builder	419 306-1801
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

6-10-24 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
The undersigned applicant being the: Set build 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:	