



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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 John & Lynn Kerin Date: 29 August 2024
Site Address 188 Shady Brook Ln. Fuq-Varina NC 27526 Phone: 919-618-887
Subdivision n/a Lot _____
Description of Proposed Work agriculture barn/apartment 2nd level Total Job Cost _____

General Contractor Information

Tarheel Restoration Inc. 919-916-9682
Building Contractor's Company Name Telephone
3419 Pea Rdige Rd. New Hill NC 27562 burcetarheel.inc@gmail.com
Address Email Address
54858 HEATED SQ FT 1008 ~~GARAGE~~ SQ FT 1296 barn 1st level
License # apartment 2nd LVL

Electrical Contractor Information

Description of Work electrical rough & trim Service Size: 200 Amps T-Pole Yes No
Wesley Electric 919.886.0920
Electrical Contractor's Company Name Telephone
3705 Astec Ct. Franklinton NC 27525 benjaminwesley@gmail.com
Address Email Address
29919L
License #

Mechanical/HVAC Contractor Information

Description of Work BY OWNER
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

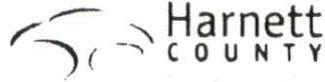
Plumbing Contractor Information

Description of Work BY OWNER # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Insulation Contractor Information

Tri City Insulation 7204 Becky Ct. Raleigh NC 27615 919-790-9684
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.

Bruce C. Ruff C.O.O. 19 September 2024
 Signature of ~~Owner/Contractor~~ Officer(s) of Corporation 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: _____ C.O.O. Date: 19 September 2024