



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

7-31-24

Owner's Name: Drew Livingood / Livingood LLC Date 2-17-23
Site Address: 4469 US 421 N, Lillington NC 27546 Phone 910 303 3784
Subdivision: _____ Lot _____
Description of Proposed Work: single family home Total Job Cost X

General Contractor Information

X Drew Livingood 910 303 3784
Building Contractor's Company Name Telephone
4439 US 421 N Lillington NC 27546 drew.livingood@gmail.com
Address Email Address

HEATED SQ FT X GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: _____ Yes _____ No
X Drew Livingood 910 303 3784
Electrical Contractor's Company Name Telephone
4439 US 421 N Lillington NC 27546
Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
X Drew Livingood 910 303 3784
Mechanical Contractor's Company Name Telephone
4439 US 421 N Lillington NC 27546
Address Email Address

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
X Drew Livingood 910 303 3784
Plumbing Contractor's Company Name Telephone
4439 US 421 N Lillington NC 27546
Address Email Address

License # _____

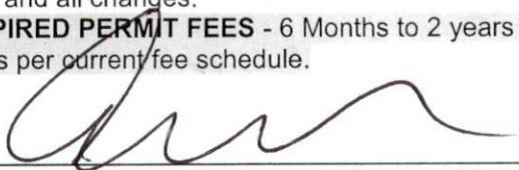
Insulation Contractor Information

Drew Livingood
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

2-11-23 7-31-24

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.

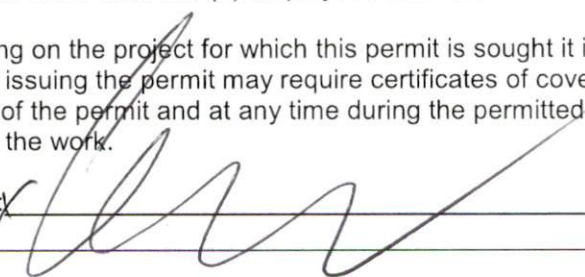
_____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

_____ 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: _____



Date: _____

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