

* 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

	Δ.
Owner's Name: Gloria + Clint Davis	Date 12-11-7024
Site Address: 476 Tre Bark La Cameron	Phone 910-850-0787
Subdivision:	Lot
Description of Proposed Work: New Construction	Total Job Cost \$ 275,000.00
General Contractor Information	
Landry Homes LLC	
Building Contractor's Company Name	910-850-6984 Telephone
2631 Devis Ruefrick RD.	P. / I I gar & a sell Cara
Address	Ryan Landing 90 8 gin all. Con Email Address
73 770 HEATED SQ FT 1456 GARAGE SQ	
License #	Carrers - 3 H
Electrical Contractor Information	
Description of Work Service Size:	200 Amps T-Pole: Yes No
All Man Electrical Contractor's Company Name	910-485-1177
Electrical Contractor's Company Name	Telephone
745 Wilhes RD Futateuille	
Address	Email Address
4-6136	
License #	
Mechanical/HVAC Contractor Information	
Description of Work	
Certified Heating LAIT	910-858-0000
Mechanical Contractor's Company Name	Telephone
207 W- David Parnell St. Partition	
Address	Email Address
H3c1-20012	
License #	
Plumbing Contractor Information	
Description of Work	_# Baths
McDonald Plumbing	919-770-0773
Plumbing Contractor's Company Name	Telephone
5321 Swaner States RD	
Address	Email Address
11824	
License #	
Insulation Contractor Information	
(umberland Insulation	910-484-7118
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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

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: / / 5-2	