



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: MURRAY JOHNSON Date: 10/16/2024
Site Address: 4550 COKESBURY RD Phone: 919 896 2094
Subdivision: N/A Lot: \$750,000.00
Description of Proposed Work: PERSONEL HOUSE Total Job Cost: _____

General Contractor Information

MURRAY JOHNSON 919 896-2094
Building Contractor's Company Name Telephone
1409 KIMBERLY DRIVE JMSCOINC@GMAIL.COM
Address Email Address
License # HEATED SQ FT 5006 GARAGE SQ FT 1500

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: ___ Yes ___ No
MURRAY JOHNSON 919 896 2094
Electrical Contractor's Company Name Telephone
Address JMSCOINC@GMAIL.COM
Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work _____
MURRAY JOHNSON 919 896 2094
Mechanical Contractor's Company Name Telephone
Address _____ Email Address
License #

Plumbing Contractor Information

Description of Work _____ # Baths 3 1/2
MURRAY JOHNSON 919 896 2094
Plumbing Contractor's Company Name Telephone
Address _____ Email Address
License #

Insulation Contractor Information

CAROLINA FOAM INSULATION INC 910 892 7910
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

9/30/2024
 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 10/16/2024