

Application #

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

Application for Residential Building and Trades Permit

Owner's Name: Joan Jouner	Date 1 3 25
Site Address: 4194 NC-27 W, Lillington	
Subdivision:	Lot
Description of Proposed Work: Building new nome	Total Job Cost 391,065. 00
General Contractor Information	<u>n</u>
Ducky Recovery Lic Building Contractor's Company Name	910-906-3040 Telephone
4294 US Hwy 421, Wilmington NC 2840 Address	Emal Address
COULD HEATED SQ FT 2350 GARAGE St	
Description of Work <u>electrical</u> for work noneService Size:	ZOO Amps T-Pole: Yes No
Omni	8113-347-0188
Electrical Contractor's Company Name	Telephone
Address Address NC 20401	email Address
26941 License #	ASSES TO AND REPORTED THE SECOND SECO
Mechanical/HVAC Contractor Inform	nation
Description of Work HVAC for whole name	
Mechanical Contractor's Company Name	910-219-1061 Telephone
149 Rea St. Jacksonville NC 28546 Address	Francis & carolina comfortair. co
34620 License #	
Plumbing Contractor Information	on a
Description of Work Dlumbing for whole home	_# Balhs_3
Plumbing Contractor's Company Name	252-11-3995 Telephone
204 Dainyfarm Rd, Jacksonville NC	altx Pall things plumbing. Com Email Address
U.35876 License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	1910-906-3040 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.

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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

Date

Affidavit for The undersigned applicant being the:	Worker's C	ompensation N.C.G.S. 87-14
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of set forth in the permit:	perjury that the	e person(s), firm(s) or corporation(s) performing the work
		ained workers' compensation insurance to cover them.
Has one (1) or more subcontraction.	ctors(s) and ha	is obtained workers' compensation insurance to cover
X Has one (1) or more subcontraction covering themselves.	ctors(s) who ha	as their own policy of workers' compensation insurance
Has no more than two (2) empl	loyees and no s	subcontractors.
Department issuing the permit may rec	quire certificate	sought it is understood that the Central Permitting es of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation
Sign w/Title: Mustern Stev	cens-100	fice manager_Date: 1/3/25