



Harnett County Central Permitting  
 PO Box 88 Lillington, NC 27546  
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # \_\_\_\_\_

\* 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: Ravel and Xenia Biologlouy Date: 11/14/24  
 Site Address: 2745 Bethel Baptist Rd - Spring Lake Phone: (910) 848-0152  
 Subdivision: \_\_\_\_\_ Lot: 2  
 Description of Proposed Work: Tiny House Total Job Cost: 18,000.00

**General Contractor Information**

Ravel Biologlouy \_\_\_\_\_  
 Building Contractor's Company Name Telephone

Address \_\_\_\_\_ Email Address

Owner HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

Ravel Biologlouy \_\_\_\_\_  
 Electrical Contractor's Company Name Telephone

Address \_\_\_\_\_ Email Address

Owner

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Ravel Biologlouy \_\_\_\_\_  
 Mechanical Contractor's Company Name Telephone

Address \_\_\_\_\_ Email Address

Owner

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Ravel Biologlouy \_\_\_\_\_  
 Plumbing Contractor's Company Name Telephone

Address \_\_\_\_\_ Email Address

Owner

License # \_\_\_\_\_

**Insulation Contractor Information**


Owner Ravel Biologlouy \_\_\_\_\_  
 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

11-14-24  
\_\_\_\_\_  
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 11-14-24