



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**

Owner's Name: Franklin Ray Norris Date 1/23/2025

Site Address: 504 CC Byrd LN Linden NC 28356 Phone 910 985-2027

Subdivision: N/A Lot 504 CC Byrd

Description of Proposed Work: Build + Log home with Basement Total Job Cost \_\_\_\_\_

**General Contractor Information**

Franklin Ray Norris 910-985-2027

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

504 CC Byrd LN Linden NC 28356 Ray.Norris2@AOL.com

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

Self Build HEATED SQ FT 2106 GARAGE SQ FT N/A

License # \_\_\_\_\_ including basement

**Electrical Contractor Information**

Description of Work wire Log Home Service Size: 200 Amps T-Pole: Yes  No

Eagle Telephone 1-910-890-1743

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

7633 Sherrill Baggett Rd Dunn NC 28334 Email Address N/A

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

18800 I

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

**Mechanical/HVAC Contractor Information**

Description of Work possibly install central Heat + Air

McLaurins Heating + Air Telephone 910-483-7679

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

5982 Kenel Rd waden NC \_\_\_\_\_

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

14666 H2 H3-1

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

**Plumbing Contractor Information**

Description of Work Franklin Ray Norris # Baths 2

Franklin Ray Norris Telephone 910-985-2027

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

504 CC Byrd LN Linden NC 28356 Ray.Norris2@AOL.com

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

N/A

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

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Log Home NO Need For insulator 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.

Frankie Roy Now  
Signature of Owner/Contractor/Officer(s) of Corporation

Jan-31-2025  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

\_\_\_\_\_ General Contractor <sup>FRN</sup>  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: Frankie Roy Now <sup>OWNER</sup> Date: Jan-31-2025





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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Franklin Roy Nowo  
Signature of Owner/Contractor/Officer(s) of Corporation

Feb - 3<sup>rd</sup> - 2025  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

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General Contractor  Owner  Officer/Agent of the Contractor or Owner

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

N/A  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

FRN  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: Franklin Roy Nowo

Date: Feb 3<sup>rd</sup> 2025