

Application # Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

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

## Application for Residential Building and Trades Permit

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Data 05/02/2025	
DateDateDateD5/02/2025	
Phone <u>919.659.1500</u>	
Lot <u>1055</u>	
Total Job Cost <u>\$156,130</u>	
General Contractor Information	
919.659.1505 Telephone	
ralpermits@dwhomes.com Email Address	
FT297	
Amps T-Pole: X YesNo	
919.217.9767 Telephone	
mandyk@msfelectric.com Email Address	
1	
Mechanical/HVAC Contractor Information Description of Work HVAC System	
(984) 301-0114 Telephone	
Telephone	
josh@reliableheatandair.com Email Address	
Plumbing Contractor Information	
# Baths <u>3</u>	
919.661.6334	
Telephone	
bobp@poolesplumbing.com	
Email Address	
Email Address	
Email Address	
Email Address 919.788.9806	

\*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

Robin Caparell

Signature of Owner/Contractor/Officer(s) of Corporation

05/02/2025 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Owner X Officer/Agent	t of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	) or corporation(s) performing the work
Has three (3) or more employees and has obtained workers' con	·
Has one (1) or more subcontractors(s) and has obtained worker them.	rs' compensation insurance to cover
$\underline{X}$ Has one (1) or more subcontractors(s) who has their own policy covering themselves.	of workers' compensation insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is unders. Department issuing the permit may require certificates of coverage of v to issuance of the permit and at any time during the permitted work from carrying out the work.	worker's compensation insurance prior
Sign w/Title: Robin Caparell / Project Coordinator	Date: 05/02/2025