

\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor Address, company name & phone must match information on state license.

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

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Lexington Plantation LLC Date: 05/13/2022

Site Address: 400 Centennial Parkway, Cameron, NC 28326 Phone: 910-484-5400

Description of Proposed Work: construct in ground concrete swimming pool and pool patio

**General Contractor Information:** Building Cost \$ 219,490.00

Clayton Britt & Sons Inc 910-868-8319

Building Contractor's Company Name Telephone

PO Box 29, Fayetteville, NC 28302 swatkins@spaandpoolworld.com

Address Email Address

Sherry Watkins 35207U

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

**Electrical Contractor Information:** Electrical Cost \$ 4,500.00

Description of Work Wire Pool Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

WO's Electric - Jody Womack 910-850-5495

Electrical Contractor's Company Name Telephone

575 Cope Road Red Springs, NC 28377 woselectric@live.com

Address Email Address

[Signature] 19628U

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

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address Email Address

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

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

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

Plumbing Contractor's Company Name Telephone

Address Email Address

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

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application**

**Sprinkler Contractor Information**

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

N/A

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No

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 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 charged at full price per current fee schedule.

**Christine Cox**

Digitally signed by Christine Cox  
DN: cn=Christine Cox, email=ccox@harnettcounty.com  
Reason: I am the author of this document  
Location: my laptop location here  
Date: 2022.05.19 09:58:17 -0400  
Email: cc Cox, Version: 1.2.0

5/19/2022

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

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:

**Christine Cox**

Digitally signed by Christine Cox  
DN: cn=Christine Cox, email=ccox@harnettcounty.com  
Reason: I am the author of this document  
Location: my laptop location here  
Date: 2022.05.19 09:58:17 -0400  
Email: cc Cox, Version: 1.2.0

Date: 5/19/2022

Sr. Project Coordinator