

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/permits

Application for Residential Building and Trades Permit

| Owner's Name: JPF Properties LLC | Date 9-23-2025 |
|--|--|
| Site Address: Pending Hadges Chapel Rd. PID: 0 | 121537 0132 Phone (910) 892-5286 |
| | Lot PIN: 1537-27-3212.0 |
| Description of Proposed Work: 40'x60' Metal Building | Total Job Cost #150,000 |
| General Contractor In | formation |
| JPF Properties Building Contractor's Company Name | (910) 892-5286 Telephone Jonasa p js truck bodies, com Email Address |
| Building Contractor's Company Name | Telephone |
| 1560 George Perry Lee Rd. | jonasa pistruck bodies, com |
| Address | Émail Addréss |
| Owner HEATED SQ FT 2,400 GA | RAGE SQ FT N/A |
| License # | |
| Description of Work Wire Metal Building Serv | vice Size: 400 Amps T-Pole: / Yes No |
| Chris Sinclair Electric LLC | (910) 897 - 0090 |
| Electrical Contractor's Company Name | |
| 201 Glover Rd. | |
| Address | Email Address |
| 27819-L | |
| License # | |
| Mechanical/HVAC Contract | |
| Description of Work | |
| Mechanical Contractor's Company Name | Telephone |
| mosnamour contractor o company reame | тетернопе |
| Address | Email Address |
| | 2.114.17.44.1000 |
| License # | |
| Plumbing Contractor In | <u>nformation</u> |
| Description of Work Plumb bathrooms | # Baths2 |
| Jeremy Williford | _(919) 915-0533 |
| Plumbing Contractor's Company Name | Telephone |
| 865 Jennigan Loop Rd. Dunn, NC 28334 | job phone 123 @ icloud.com |
| Address | ∕Email Address |
| <u>30747</u> License # | |
| Insulation Contractor In | <u>nformation</u> |
| | |
| 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! 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 personnent fee schedule.

| 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 wo set forth in the permit: | ork |
| Has three (3) or more employees and has obtained workers' compensation insurance to cover them | n. |
| 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. | e |
| 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 issuance of the permit and at any time during the permitted work from any person, firm or corporation | ior |
| Sign w/Title: Jan Janos Janelon (occes) Date: 9/23/25 | <i>-</i> ,) |