



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

Application # BRES2001-0003  
ERES2001-0006  
mRES2001-0002  
PRES2001-0002  
IRES2001-0002

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

**Application for Residential Building and Trades Permit**

Owner's Name: Kathy C Mayo Date: 1-2-2020  
Site Address: 4190 NE Hwy 55 East, Dunn, NC 28334 Phone: 919-8054037  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Renovation Total Job Cost: 65,000

**General Contractor Information**

William Elmore Builders 910-8926900  
Building Contractor's Company Name Telephone  
109 S. Ellis Ave, Dunn, NC 28334  
Address  
61322 Email Address  
License #

**Electrical Contractor Information**

Description of Work Wiring Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Jason Pope electrical contractor LLC 919-820-0837  
Electrical Contractor's Company Name Telephone  
51 Beaver Creek Drive, Dunn NC 28334 jppelectrical@hotmail.com  
Address Email Address  
27284  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Heat and air installation  
E+J Heating + Air 919-280-0215  
Mechanical Contractor's Company Name Telephone  
2207 Byrds Mill Rd, Dunn, NC 28334  
Address  
32998 Email Address  
License #

**Plumbing Contractor Information**

Description of Work Plumb house # Baths 1.5  
Kenneth West Plumbing 910-500-2411  
Plumbing Contractor's Company Name Telephone  
PO Box 724 Buies Creek, NC 27506  
Address  
11987 Email Address  
License #

**Insulation Contractor Information**

Cruze Insulation 919-291-2438  
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.

*Kathly C Mayo*

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

*1-2-2020*

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: *Kathly C Mayo*

Date: *1-2-2020*