



Application # _____

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

* 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: Matthew SeEVERS Date: 11-19-19
Site Address: 355 Arbor Crest Lane Lillington NC 27546 Phone: _____
Subdivision: Arbor Crest Lot: _____
Description of Proposed Work: Finish Bonus Room Total Job Cost: 28,000.00

General Contractor Information

Serenity Built Homes, Inc. 910-984-7042
Building Contractor's Company Name Telephone
PO Box 1417 Lillington NC 27546 klawrence@capitalmarblecreations.com
Address Email Address
63787

Electrical Contractor Information

Description of Work Finish Bonus Room Service Size: _____ Amps T-Pole: Yes No
Mabry's Electrical
Electrical Contractor's Company Name Telephone
731 Mabry Rd Angier NC 27501
Address Email Address
150774
License #

Mechanical/HVAC Contractor Information

Description of Work Finish Bonus Room
JiM Heating & AC 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work Finish Bonus Room # Baths 1
Jason Barefoot Plumbing 910-514-0781
Plumbing Contractor's Company Name Telephone
5476 Timothy Rd Dunn NC 28334
Address Email Address
20694P-1
License #

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd Raleigh NC 919-772-9000
Insulation Contractor's Company Name & Address Telephone
27603

***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.

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

11-19-19
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: [Signature]

Date: 11-19-19