Building # 33 Unit # 4



Application # _____

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

information on license.	
Owner's Name: Campsell Pointe Partners	11C Date: 6/22/20
Site Address: 286 Butle Commons Drive	Phone: 910 814-4236
Subdivision: CAMPSell Points Phase	Lot:
Description of Proposed Work:	Total Job Cost:
General Contractor Info	rmation
JASON Price Construction Inc	910 814-4236
Building Contractor's Company Name	Telephone
2323 Reitl Hills Pd Lillington Ne 27546	JPRILERON STRUCTION O YAMOO, W
Address	Email Address
50859	
License #	
Description of Work New Townhome Service	e Size: App Amps T-Pole: Yes No
63 Clarkin Inc	919550-7341
Electrical Contractor's Company Name	Telephone
308W Man Street (/2 for NL)	200 S Jones Q (1) 30/2 to 100
Address	2520 Sones @ W3electric. con Email Address
11452-4	
License #	
Mechanical/HVAC Contracto	<u>r Information</u>
Description of Work New Town Low	
Certofied Heating + Air Inc	910 858-0000
Mechanical Contractor's Company Name	Telephone
207 W. DAVIS PARNell St. Parkto, NC 28:	371 Chrin- Certified @ 3M4:1. com
Address	Email Address
H36120012	
License # Plumbing Contractor Inf	formation
Description of Work New Town has a	/
Plumbing Contractor's Company Name	919868 2959 Telephone
399 Ruxi Hollow San Food, NC 273 Address	32 Slace plumsing inco Rolle +mas/. (
23160	Email / Marioso
License #	
Insulation Contractor Inf	
PARker Inculation 825 Killy Fort Rd Clin	tonne 910564-4132
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

G/22/20

is as per current fee schedule.

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

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.			
CALL STREET, CORP. (CALL STREET, CALL STREET	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
the same and describe a particular section of the same and	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
Total Control of the Party and Spirits in control of the Party and	Has no more than two (2) employees and no subcontractors.		
The second name of the second na	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: Date: 6/22/25		