



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: Grappler Investments, LLC Date: 9/18/20
Site Address: 205 Sherwood Hills Ct. Cameron 28326 Phone: 919-422-6000
Subdivision: ridge @ Sherwood Forest Lot: 9
Description of Proposed Work: constructing modular home Total Job Cost: 80,000

General Contractor Information

see surety Bond
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work connect Duke power to modular Service Size: _____ Amps T-Pole: Yes No
Artis Electric LLC Telephone 919-320-3853
Electrical Contractor's Company Name _____
363 Powhatan Rd. Clayton NC 27520 Email Address Artiselectric@yahoo.com
Address _____
32673
License # _____

Mechanical/HVAC Contractor Information

Description of Work Install Huac
Radford Heating & Air Telephone 919-427-7463
Mechanical Contractor's Company Name _____
917 Hobbs St. Clayton NC 27520 Email Address _____
Address _____
22024
License # _____

Plumbing Contractor Information

Description of Work connect County water # Baths 2
Adam Harward Plumbing Telephone 910-986-4622
Plumbing Contractor's Company Name _____
192 Hudsey Rd. Cothage NC 28327 Email Address harwardplumbing@gmail.com
Address _____
31451
License # _____

Insulation Contractor Information

Champion Homes/Heavenly Homes Telephone 919-735-4400
Insulation Contractor's Company Name & Address _____
127 Luby Smith Rd. Pinnetown NC 27569

*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.

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

9/18/20
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: Tom Judd owner

Date: 9/18/20