



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: Jason Graves Date: 6/29/20
Site Address: 1194 Hodges Chapel Rd. Benson, NC 27504 Phone: 919-389-5854
Subdivision: _____ Lot: _____
Description of Proposed Work: Remodel for home theater Total Job Cost: \$30,000.00

General Contractor Information

J Hudson Renovation Specialist LLC 919-665-4900
Building Contractor's Company Name Telephone
189 Heather Stone Court Benson NC johudson@yahoo.com
Address 27504 Email Address

License # _____

Electrical Contractor Information

Description of Work Move outlets to new walls Service Size: _____ Amps T-Pole: Yes No
Dawson's Electrical 919-552-0246
Electrical Contractor's Company Name Telephone
111 E Vance St, Suite D, Fuquay-Varina 27526 niki@dawsonselectric.com
Address Email Address

25948-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work Move vents in ceiling
Main Street Heating & Cooling 919-894-1363
Mechanical Contractor's Company Name Telephone
501 S. Wall Street, Suite A, Benson ronna.mshvac@gmail.com
Address Email Address

3004

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**