

Building # 40  
Unit # 1



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: Campbell Pointe Partners LLC Date: 6/22/20  
Site Address: 367 Butler Commons Drive Phone: 910 814-4236  
Subdivision: Campbell Pointe Phase IV Lot: \_\_\_\_\_  
Description of Proposed Work: New Townhome Total Job Cost: \_\_\_\_\_

**General Contractor Information**

JASON Price Construction Inc 910 814-4236  
Building Contractor's Company Name Telephone  
2323 Keith Hills Rd Lillington, NC 27546 JPRICECONSTRUCTION@YAHOO.COM  
Address Email Address  
50859

**Electrical Contractor Information**

Description of Work New Townhome Service Size: 200 Amps T-Pole: Yes  No  
W3 Electric Inc 919 550-7341  
Electrical Contractor's Company Name Telephone  
308 W Main Street Clayton NC 27920 SJones@W3Electric.com  
Address Email Address  
11452-U

**Mechanical/HVAC Contractor Information**

Description of Work New Townhome  
Certified Heating & Air Inc 910 858-0000  
Mechanical Contractor's Company Name Telephone  
207 W. David Pannell St. Packer, NC 28371 chrin-certified@gmail.com  
Address Email Address  
H36120012

**Plumbing Contractor Information**

Description of Work New Townhome # Baths 1  
Glovers Contract Plumbing Inc 919 868 0959  
Plumbing Contractor's Company Name Telephone  
394 Rural Hollow San Ford, NC 27332 glvrplumbinginc@rocketmail.com  
Address Email Address  
23160

**Insulation Contractor Information**

Parker Insulation 825 Killy Fork Rd Clinton, NC 910 564-4122  
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.

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

6/22/20  
\_\_\_\_\_  
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:  President    Date: 6/22/20