Building #	41
Unit#	



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 informat

Application for Residential Building and Trades Permit

phone must match ion on license.	Application for Residential Building and	Trades Permit
	Campbell Pointe Partace LLC	Data: 6/2/2
Site Address: 3-89	Britle Commons Drin	Date. Of Ruf Ja
	CAMPS Il Printe Phase TV	Phone:
	d Work: Acm Town home	
Jan Pa	General Contractor Information	on a sur
Building Contractor's C	company Name	Tolophone
2777 12 =11 11:	11. 21 1.11: 1 Au	Telepriorie
Address	11s Pd Lillington NC 27548	Frail Address
50859		Linali Address
License #		
5	Electrical Contractor Informati	<u>on</u>
Description of Work 1	Townhome Service Size	Amps T-Pole: Yes No
WS Electric	Company Name	919550-7341
Contractors (Company Name	Telephone
Address	a Street (/s, ton re2750	STones @ W3electric con
11 452- W		Email Address
License #		
Elochico II	Mechanical/HVAC Contractor Information	mation
Description of Work	1 — /	
Conto for 1	tenting + Air Inc. s Company Name	912 950-20
Mechanical Contractor	s Company Name	Telephone
207 W. Day 1/	Panell St. Parkto NC 28571	el = 1 / (100 mm)
Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Email Address
H3 61 200	1/2	
License #		
	Plumbing Contractor Information	
Description of Work	New Townhore	# Baths
6 lovers Contra	at Plansing Inc	919868 0959
Plumbing Contractor's	Company Name	Telephone
594 Ruxil Ho	llow San ford, NC 27332	Slave plumbing inco Rollstones!
Address		Email Address
23/60		
License #	Impulation Contact to the	
Pal TO	Insulation Contractor Information	
Insulation Contractor's	Fin 825 Killy Fort Rd Clinton	910564-4122
modiation Contractors (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

Date 6/22/20

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: Date: 6/22/25