



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: 9/28/20
Site Address: 300 WILLOWCROFT COURT DUNN NC Phone: _____
Subdivision: LEIGH LAUREL Lot: 5
Description of Proposed Work: CONSTRUCTION POOL HOUSE Total Job Cost: \$165,000.00

General Contractor Information

JEREMY M. STRICKLANDS 910-890-2160
Building Contractor's Company Name Telephone
1330 LANE ROAD, DUNN NC 28334 jmstricklands83@yahoo.com
Address Email Address
51550 **HEATED SQ FT** 768 **GARAGE SQ FT** _____
License # _____

Electrical Contractor Information

Description of Work NEW ELECTRICAL Service Size: 100 Amps T-Pole: Yes No
RST ELECTRICAL 919-291-8746
Electrical Contractor's Company Name Telephone
3432 ZACKS MILL RD, ANTON NC 27501 _____
Address Email Address
26202-1 _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work NEW HVAC
RANDY LEE JACKSON 910-242-2941
Mechanical Contractor's Company Name Telephone
100 N. 13TH ST. SUITE 15N ERWIN NC _____
Address Email Address
H-3-1 18512 28339 _____
License # _____

Plumbing Contractor Information

Description of Work NEW PLUMBING # Baths 1
JEREMY WOLFORD / WOLFORD PLUMBING 919-915-0533
Plumbing Contractor's Company Name Telephone
805 JENNIFER LOOP RD, DUNN NC 28334 _____
Address Email Address
30747-PI _____
License # _____

Insulation Contractor Information

PARKER BROS, INC. 910-990-5928
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

9/28/20
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:  Date: 9/28/20