



CALL FOR Payment

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: Peggie Faulkner Date: 1/6/21
Site Address: 7733 US 421 South Phone: 910-612-4997 (640)
Subdivision: _____ Lot: _____
Description of Proposed Work: Plumbing, HVAC, Electrical Total Job Cost: 29,000

General Contractor Information

Tommy Core's Residential LLC Building Contractor's Company Name
2481 Plainview Highway Address
88-2633743 License #
HEATED SQ FT 1,300 GARAGE SQ FT
910-985-2340 Telephone
tommycoresresidentialconstruction@gmail.com Email Address

Electrical Contractor Information

Description of Work Service change, Bath Addition Service Size: 200 Amps T-Pole: Yes No
Parker's Electric Electrical Contractor's Company Name
167 Stonehenge Drive Dunn NC 28334 Address
31658-SPSFD License #
910-984-6810 Telephone
parkerselectric2017@gmail.com Email Address

Mechanical/HVAC Contractor Information

Description of Work Replace outside unit & supply lines
Comfort Solutions Mechanical Contractor's Company Name
2850 NC 42 West Clayton NC, 27520 Address
15822 H-2, H-3 License #
919-553-0266 Telephone
910-322-7996 Email Address

Plumbing Contractor Information

Description of Work All Plumbing # Baths 1 1/2
Jackson's Plumbing Plumbing Contractor's Company Name
201 Dawson Road Dunn NC 28334 Address
15727 License #
910-990-0249 Telephone
Email Address

Insulation Contractor Information

Tommy Core's Residential LLC Insulation Contractor's Company Name & Address
910-985-2340 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.

Tommy Conner
Signature of Owner/Contractor/Officer(s) of Corporation

1/6/21
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: Tommy Conner Builder LLC Date: 1/6/21