



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: Harold and Katie Touchet Date: 02/22/2021

Site Address: Lot 425 River Ridge Dr Broadway NC 27505 Phone: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: 5A

Description of Proposed Work: Detached Garage Total Job Cost: ~~150,000~~ 60,000

**General Contractor Information**

Mabus Farm and General Contracting, LLC 910 992-8180

Building Contractor's Company Name Telephone

PO Box 400 Vass NC 28394 seth@mabusgc.com

Address Email Address

79157 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT 1760

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Roughin and trim out Service Size: 200 Amps T-Pole: \_\_\_Yes  No

Wester & Pace Electric, Inc 919 499-3946

Electrical Contractor's Company Name Telephone

614 Leslie Rd Sanford NC 27332

Address Email Address

12007-U

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work None

Mechanical Contractor's Company Name Telephone

Address Email Address

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work minimal rough in and trim out, sink only # Baths 2

McDonald Plumbing 910 245-4812

Plumbing Contractor's Company Name Telephone

5321 Swanns Station Rd Sanford NC 27332

Address Email Address

11824

License # \_\_\_\_\_

**Insulation Contractor Information**


Tri-City Insulation 334 E Mountain Dr Fayetteville NC 28306 910 486-8855

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

22 Feb 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: 

Date: 22 Feb 21