



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: Dawn Jones Date: 2-11-21
Site Address: 7722 Hwy 27 W Lillington NC 27546 Phone: 910-890-3514
Subdivision: _____ Lot: _____
Description of Proposed Work: Remodel house Total Job Cost: \$12,700

General Contractor Information

Dawn Jones/owner
Building Contractor's Company Name _____ Telephone _____
90 Brandon DR Lillington NC
Address _____ Email Address _____
License # _____ HEATED SQ FT 1698 GARAGE SQ FT 390

Electrical Contractor Information

Description of Work Rewire house Service Size: 200A Amps T-Pole: Yes No
Op Time Services
Electrical Contractor's Company Name _____ Telephone 919-669-7209
1140 NC 55 E Coats NC 27521
Address _____ Email Address ontimeservices.paul@gmail.com
License # 24450-L

Mechanical/HVAC Contractor Information

Description of Work Replace 3 fan Heat Pump
Tom Nash Contracting LLC
Mechanical Contractor's Company Name _____ Telephone 919-438-9817
3632 Tule Spring Rd Raleigh NC 27610
Address _____ Email Address T.NASH.LLC@gmail.com
License # 34333

Plumbing Contractor Information

Description of Work Replumb house # Baths 2
Kenneth Dan Flowers
Plumbing Contractor's Company Name _____ Telephone 910-890-4505
3053 Old Stage Rd S Erwin NC 28339
Address _____ Email Address _____
License # 18426

Insulation Contractor Information

Dawn Jones/owner
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.

Dawn M. Jones
Signature of Owner/Contractor/Officer(s) of Corporation

2-11-21
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: *Dawn M. Jones / Owner* Date: 2-11-21