



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: Michael & Karen Potts Date: 8-2-21  
Site Address: 1226 Festus Rd Coats NC 27521 Phone: 910-689-5114  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Master Bed & Bath Total Job Cost: 35,006.00

**General Contractor Information**

Sunday Renovation Inc 910-891-8569  
Building Contractor's Company Name Telephone  
PO Box 2474 Dunn, NC 28335  
Address Email Address  
S4792 **HEATED SQ FT** 696 **GARAGE SQ FT** \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Master Bed & Bath Service Size: 200 Amps T-Pole:  Yes  No  
Chris Sinter Elec 919-820-6229  
Electrical Contractor's Company Name Telephone  
201 Glover Rd Dunn NC 28335  
Address Email Address  
27819 L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Master Bed & Bath  
Bearley Heating & Air 919-894-4248  
Mechanical Contractor's Company Name Telephone  
57 Wc Bearley Ln Coats NC 27521  
Address Email Address  
9497  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Master Bath & Bed # Baths 1  
DASKON Plumbing 910-990-0299  
Plumbing Contractor's Company Name Telephone  
201 Dawson Rd Dunn, NC 28334  
Address Email Address  
15727  
License # \_\_\_\_\_

**Insulation Contractor Information**

Sunday Renovations Inc 910-891-8569  
Insulation Contractor's Company Name & Address Telephone  
PO Box 2474 Dunn NC 28335

**\*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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

8-2-21  
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: *[Signature]* OWNER Date: 8-2-21