



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: Jonathan Beasley Date 9-28-21  
Site Address: 2189 Ebenezer Church Rd Coats 27521 Phone (910) 891-8189  
Subdivision: Linda Lee JJ S/D Lot A  
Description of Proposed Work: Front Porch to two bedrooms Total Job Cost \$25,750

**General Contractor Information**

C & J Custom Remodels 919-995-7081  
Building Contractor's Company Name Telephone  
376 W Stewart St Coats 27521 chrise@customremodels.com  
Address Email Address  
HEATED SQ FT 132' GARAGE SQ FT 0  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Jonathan Beasley - Home Owner (910) 891-8189  
Electrical Contractor's Company Name Telephone  
Jonathan Beasley jonbeez28@yahoo.com  
Address Email Address  
U28839  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Jonathan Beasley - Home owner (910) 891-8189  
Mechanical Contractor's Company Name Telephone  
Jonathan Beasley jonbeez28@yahoo.com  
Address Email Address  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work None # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone  
Address Email Address  
License # \_\_\_\_\_

**Insulation Contractor Information**

C & J Custom Remodels (919) 995-7081  
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.

Chris Foster Sandy Foster  
Signature of Owner/Contractor/Officer(s) of Corporation

Date 9/28/21

**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: Chris Foster Sandy Foster

Date: 9/28/21