



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: KENNETH AND PAMELA BARR Date 11/30/2021
Site Address: 22 GENERAL LEE AVENUE SPRING LAKE, NC 28390 Phone 910-850-7186
Subdivision: 00100J Lot 2008-85
Description of Proposed Work: FIRE DAMAGE REPAIR Total Job Cost 148,715⁸²

General Contractor Information

SHOWCASE RESTORATION, INC 910-864-0911
Building Contractor's Company Name Telephone
PO BOX 47 FAYETTEVILLE, NC 28302 cm@911showcase.com
Address Email Address
60267 2340 F12 Ø
License #

Electrical Contractor Information

Description of Work COMPLETE REWIRE Service Size: 200 Amps T-Pole: Yes No
CULBERTSON ELECTRIC 910-723-3293
Electrical Contractor's Company Name Telephone
816 CAM WHEEL LN HOPE-MILLS, NC 28348 nc.culbertsonelectric@gmail.com
Address Email Address
26627-L
License #

Mechanical/HVAC Contractor Information

Description of Work COMPLETE REPLACEMENT
PERFORMANCE HEATING AND AIR 910-273-1836
Mechanical Contractor's Company Name Telephone
5217 HORN BEAM RD FAYETTEVILLE, NC 28304
Address
5100984 29759
License #

Plumbing Contractor Information

Description of Work BATH / SHOWER INSTALL AND CONNECTION Baths 3
TITAN PLUMBING LLC 910-286-1936
Plumbing Contractor's Company Name Telephone
PO Box 1045 DUNN, NC 28335 business@titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

TRI CITY INSULATION AND BUILDING PRODUCTS 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]
Signature of Owner/Contractor/Officer(s) of Corporation

11/30/2021
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] Production Manager Date: 11/30/2021