

Change
From Smith Works



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: Stand Sure Custom Home Inc. Date: 8-21-22
Site Address: 60 Avery Rd Erwin NC 28739 Phone: 910-890-6870
Subdivision: _____ Lot: _____
Description of Proposed Work: _____ Total Job Cost: 100,000 -

General Contractor Information

Stand Sure Custom Home Inc. 910-890-6870
Building Contractor's Company Name Telephone
PO Box 1072 Coats NC 27521 standsurehome@gmail.com
Address Email Address
70922 **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work Remodel home Service Size: 200 Amps T-Pole: Yes No
Jared's Electrical Services, LLC. 910-818-7800
Electrical Contractor's Company Name Telephone
111 Killington Place Dunn 28334 Jared.barnia@gmail.com
Address Email Address
33975
License #

Mechanical/HVAC Contractor Information

Description of Work New work in old home
My HVAC Guys LLC 919-938-8202
Mechanical Contractor's Company Name Telephone
304 Stotts Mill Rd Wendell NC 27591 myhvaccguysnc@yahoo.com
Address Email Address
34239
License #

Plumbing Contractor Information

Description of Work Remodel old home # Baths 2.5
Miches Plumbing Services 919-820-2613
Plumbing Contractor's Company Name Telephone
654 Red Hill Church Rd Dunn 28334
Address Email Address
14438
License #

Insulation Contractor Information

Stand Sure Foam LLC, Lillington 910-890-9608
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.

Chad Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

8-21-22
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: Chad Anderson President Date: 8-21-22