



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: Mike Miller Date 1/16/23  
Site Address: 61 Rock Ridge Place Coats NC 27521 Phone \_\_\_\_\_  
Subdivision: Rock Ridge Lot \_\_\_\_\_  
Description of Proposed Work: New SFD Total Job Cost \$850,000.00

**General Contractor Information**

Whittenton Builders Enterprise 919-427-8465  
Building Contractor's Company Name Telephone  
863 Neighbors Road Dunn NC 28334 todd@whittentonbuilders.com  
Address Email Address  
48607 **HEATED SQ FT 4285** **GARAGE SQ FT 1113**  
License #

**Electrical Contractor Information**

Description of Work New SFD Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
The Electriq Company. 984-225-9884  
Electrical Contractor's Company Name Telephone  
Angier NC  
Address Email Address  
134492  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD  
Beasley's Heating & Air 919-868-5821  
Mechanical Contractor's Company Name Telephone  
Dunn NC  
Address Email Address  
9497  
License #

**Plumbing Contractor Information**

Description of Work New SFD # Baths 4.5  
Steven Stanley Plumbing 919-291-5648  
Plumbing Contractor's Company Name Telephone  
Four Oaks  
Address Email Address  
20013  
License #

**Insulation Contractor Information**

Tatum Insulation 919-661-0999  
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.**

January 16, 2023

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

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: \_\_\_\_\_ Date: \_\_\_\_\_