



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: Natalie Johnson Date: 6-29-22  
Site Address: 676 Rairford Road Erwin NC 28339 Phone: 910-635-5769  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Installing modular home Total Job Cost: \_\_\_\_\_

**General Contractor Information**

Chad's Mobile Home Transit Inc. 910-850-5717  
Building Contractor's Company Name Telephone  
P.O. Box 35595 Fayetteville NC 28303  
Address Email Address  
3532 **HEATED SQ FT** **GARAGE SQ FT**  
License #

**Electrical Contractor Information**

Description of Work Installing panel box Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
Mabry Electric Service Inc. 919-639-4837  
Electrical Contractor's Company Name Telephone  
731 Mabry Road Angier NC 27501  
Address Email Address  
150774  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Install heat pump  
Spell Mechanical 910-525-5976  
Mechanical Contractor's Company Name Telephone  
P.O. Box 93 Autryville NC 28318  
Address Email Address  
10574  
License #

**Plumbing Contractor Information**

Description of Work Install pressure test, trenching # Baths \_\_\_\_\_  
Priority Plumbing 919-639-7200  
Plumbing Contractor's Company Name Telephone  
P.O. Box 254 Willow Springs NC 27592  
Address Email Address  
18550P1  
License #

**Insulation Contractor Information**

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.

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

6.29.22  
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: Michelle Hartley

Date: 6/29/22