



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: Allums Investment Group Inc Date 8/4/22
Site Address: Ho. N Hillside Drive, Spring lake 28390 Phone 910.977.3900
Subdivision: _____ Lot _____
Description of Proposed Work: Finish Basement Total Job Cost 18,000.00

General Contractor Information

Dwaine Fuller Peria - Drywall 910.651.0091
Building Contractor's Company Name Telephone
Fullerperia@gmail.com
Address Email Address
License # 1200 NA

Electrical Contractor Information

Description of Work Add outlets to exterior walls Service Size: _____ Amps T-Pole: Yes No
Zips Electric 910.527.9404
Electrical Contractor's Company Name Telephone
5211 Perry Oliver Drive, Hope Mills zipselectric@gmail.com
Address Email Address
License # 2119

Mechanical/HVAC Contractor Information

Description of Work NEW New exterior unit - duct work remains same
DAVID M. Thompson 910.988.8763 (919)938.2227
Mechanical Contractor's Company Name Telephone
Smithfield NC Email Address dma
Address
License # 21248

Plumbing Contractor Information

Description of Work Plumbing existing - not sure age # Baths _____
910.988.8763 dma
Plumbing Contractor's Company Name Telephone
Address Email Address
License # _____

Insulation Contractor Information

Dwaine Fuller Peria - Insulation 910.651.0091
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots • new growth



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.

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

8/4/22
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: James Allen

Date: 8/4/22