



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**

5/26/23

Owner's Name: Steven Thorpe Date: 10/16/2022  
Site Address: 11 Ruth Circle Phone: 919-753-3911  
Subdivision: Ballard Woods Lot: \_\_\_\_\_  
Description of Proposed Work: Addition Total Job Cost: 940,000<sup>00</sup>

**General Contractor Information**

Majesty Construction Telephone: 919-753-3911  
Building Contractor's Company Name  
PO Box 717 Lillington NC 27546 Email Address: stevethorpe058@gmail.com  
Address  
75766 HEATED SQ FT 491.16 GARAGE SQ FT \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: WAC upgrade Service Size: 100 Amps T-Pole:  Yes  No  
Owner  
Electrical Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work: New duct work, change out Telephone: 910-689-4245  
SMAM HVAC Telephone: 910-964-0222  
Mechanical Contractor's Company Name  
867 Amye Street Fayetteville, NC 28301 Email Address: smam.admn4245@gmail.com  
Address  
22275 H3  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work: New Tub & shower # Baths: \_\_\_\_\_  
Owner  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Owner Telephone: 919-753-3911  
Insulation Contractor's Company Name & Address

\*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

09 Oct 2022  
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]*

Date: 09 Oct 2022