



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: JOHN CLEVENGER Date 10/31/22  
Site Address: 299 SHERMAN LAKES DR, Phone \_\_\_\_\_  
Subdivision: SHERMAN LAKES Lot \_\_\_\_\_  
Description of Proposed Work: BATHROOM ADDITION Total Job Cost \$50K

**General Contractor Information**

NC CUSTOM HOMES Telephone 919-946-3662  
Building Contractor's Company Name  
1508 MYCENAB PL. Email Address ddozier@AR.nc.com  
Address  
61623 HEATED SQ FT 126 sq' GARAGE SQ FT \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work WIRE ADDITION Service Size: 200 Amps T-Pole:  Yes  No  
AMTEC ELECTRIC Telephone 919-946-7667 524-9879  
Electrical Contractor's Company Name  
622 SUNSET RD., FV. Email Address \_\_\_\_\_  
Address  
22335-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work REWORK DUCT TO NEW AREA  
MAYNOR SERVICE CO Telephone 919-698-3731  
Mechanical Contractor's Company Name  
1000 GOODWORTH DR, APEX Email Address \_\_\_\_\_  
Address  
35159  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work REWORK BATH # Baths 2  
WARNEA PLUMBING Telephone 910-890-2299  
Plumbing Contractor's Company Name  
PO Box 604, MAMERS, NC Email Address \_\_\_\_\_  
Address  
31576 27552  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address INSULATION INC, 1212 HARNETT Telephone 919-772-9444  
RALEIGH, NC

\*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 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: