



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 or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Scott Withey Date: 7/18/2023  
Site Address: Thomas Kelly Rd. Phone: 585-703-5388  
Subdivision: — Lot: \_\_\_\_\_  
Description of Proposed Work: new modular house, septic + well

**General Contractor Information**

A Plus Construction 910-690-9222  
Building Contractor's Company Name Telephone  
425 Cranes Creek Rd. Cameron NC 28326 aplusconstruction5369@yahoo.com  
Address Email Address  
45570  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Triple A Electric 919-353-1982  
Electrical Contractor's Company Name Telephone  
654 Sellars Rd. Cameron NC 28326 Johnson.Connie95@gmail.com  
Address Email Address  
25128  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Spells Mechanical 910-525-5976  
Mechanical Contractor's Company Name Telephone  
123 W. Vinson Ave Autryville NC 28318 spellsha@aol.com  
Address Email Address  
10574  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Priority Plumbing 919-422-4935  
Plumbing Contractor's Company Name Telephone  
PO box 264 Willow Spring NC 27592 Sjeffr8081@aol.com  
Address Email Address  
18550  
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.**

*Pub...*  
Signature of Owner/Contractor/Officer(s) of Corporation

8/1/23  
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: *Pub...* Project Mgr. Date: 8/1/23