



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: Scott Elliott Date 3-20-2023  
Site Address: 75 Castle Rock Dr, Sanford NC 27332 Phone 910-987-4310  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: Remodel-Fire Damage Total Job Cost 1108,282

**General Contractor Information**

JH Hart Construction 919-777-0999  
Building Contractor's Company Name Telephone  
3408 Lee Ave, Sanford NC 27332 sharoncoe@jahartconstruction.com  
Address Email Address  
81140 HEATED SQ FT 2798 GARAGE SQ FT 571  
License #

**Electrical Contractor Information**

Description of Work Rewire Home Service Size: 200 Amps T-Pole:  Yes  No  
Cerna Electric 919-888-2492  
Electrical Contractor's Company Name Telephone  
2205 Wimberly Woods Dr, Sanford NC 27330 cernaelectricjc@gmail.com  
Address Email Address  
U-32868  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Remove + Replace HVAC  
D+D HVAC, LLC 919-628-2183  
Mechanical Contractor's Company Name Telephone  
105 Chatham St, Sanford, NC 27330 contactedd HVAC LLC.com  
Address Email Address  
23371  
License #

**Plumbing Contractor Information**

Description of Work Kedo + moving around plumbing # Baths \_\_\_\_\_  
McLymore Plumbing, LLC 919-774-7353  
Plumbing Contractor's Company Name Telephone  
5783 Lemon Springs Rd, Sanford, NC 27330 rpmclymore@windstream.net  
Address Email Address  
30617  
License #

**Insulation Contractor Information**

Jaime Sandoval, 537 Amos Bridges Rd 919-356-4248  
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.

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

3-20-2023  
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:  /owner    Date: 3-20-2023