



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

Owner's Name: Parrell & April Fowler Date: 04/11/23
Site Address: 130 Strickland Lane Lillington Phone: 910.890.0586
Subdivision: Keith Hills Lot: 71
Description of Proposed Work: Detached golf cart garage / workshop Total Job Cost: \$ 80,000

General Contractor Information

William Vuncannon Constr., LLC 919.427.7374
Building Contractor's Company Name Telephone
1304 Lakestone Village Lane F.V candyvunc@gmail.com
Address Email Address
88469 **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work new addition Service Size: _____ Amps T-Pole: Yes No
Dean Electric, LLC 919.669.0063
Electrical Contractor's Company Name Telephone
2837 Baptist Grove Rd F.V austindeanelectric@gmail.com
Address Email Address
L. 29839
License #

Mechanical/HVAC Contractor Information

Description of Work new addition
JCS Heating and A/C Service, Inc 919.369.2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs jcs hvac@gmail.com
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work new addition # Baths 1/2
Camden's Plumbing & Repair, Inc 919.669.4650
Plumbing Contractor's Company Name Telephone
P.O. Box 1359 F.V camdensplumbing@aol.com
Address Email Address
18903
License #

Insulation Contractor Information

Insulating, Inc 919.772.9008
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.

William R. Vance
Signature of Owner/Contractor/Officer(s) of Corporation

04/11/23
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: William R. Vance - pres. Date: 04/11/23