

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

**Application for Residential Building and Trades Permit**

Owner's Name: Jason Martin Hill Dr Burn Level Date 4/23/2023  
Site Address: 281 Remington Phone: 910-299-8856  
Subdivision: A Creek Lot: #38  
Description of Proposed Work: 14x14 Addition Total Job Cost: \$49,000

**General Contractor Information**

Building Contractor's Company Name: Construction Solutions of NC Inc. Telephone: 910-583-8485  
Address: 1904 Margaret Rd Fayetteville NC Email Address: Gregory@consol.partners  
88393 HEATED SQ FT 3576 GARAGE SQ FT 400  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: Rough/Trim Service Size: \_\_\_\_\_ Amps T-Pole: Yes  No   
Building Contractor's Company Name: Buxley Electric Telephone: 910-733-5227  
Address: 5645 Buic Philadelphia Rd Rd Springs Email Address: buxleyelectric7@gmail.com  
31240-U  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work: Mini Split Unit  
Mechanical Contractor's Company Name: Clay's HVAC Telephone: 910-709-3964  
Address: PO Box 48005 Cumberland NC Email Address: clay4443@gmail.com  
31260-113-1  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work: Hose bib Relocate Baths: \_\_\_\_\_  
Plumbing Contractor's Company Name: T.O. Plumbing Service Telephone: 910-977-6723  
Address: PO Box 27131 Email Address: ted@toplumbingservicellc.com  
PI-18908  
License # \_\_\_\_\_


**Insulation Contractor Information**

Insulation Contractor's Company Name & Address: Construction Solutions of NC Telephone: 910-583-8485

\*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

4/23/2023  
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/Contractor    Date: 4/23/2023