



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: Michael & Lisa Clapper Date 5/5/23
Site Address: 52 Pebble Beach Point, Sanford, NC Phone 317 490 5970 / 636 734-3534
Subdivision: Carolina Lakes Lot _____
Description of Proposed Work: Remodel Total Job Cost \$ 250,000

General Contractor Information

Touch Construction LLC 919 390 4677
Building Contractor's Company Name Telephone
1372 Steel Bridge Rd, Sanford, NC 27350 touchconstructionllc@gmail.com
Address Email Address
66124 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work Service Check & Rewire Service Size: 200 Amps T-Pole: Yes No
Boyetle & Sons Electrical 919-499-3856
Electrical Contractor's Company Name Telephone
3058 Rockyfork Church Rd Sanford, NC 27332 goheelgo@windstream.net
Address Email Address
L18574
License #

Mechanical/HVAC Contractor Information

Description of Work Unit change out - Add Bath fans & heat vent
Air Controls Mechanical LLC 919 770 5379
Mechanical Contractor's Company Name Telephone
PO Box 4876, Sanford, NC 27331 aircontrol@windstream.net
Address Email Address
L27422
License #

Plumbing Contractor Information

Description of Work Replum - 2 baths and kitchen # Baths 2
All Hustle Irrigation BlackFlow Inc 919 348 3140
Plumbing Contractor's Company Name Telephone
129 Woodhaven Dr., New Hill, NC 27562 allhustleirrigation@gmail.com
Address Email Address
35183
License #

Insulation Contractor Information

Insulating Inc - US1 - Sanford, NC 919-770-1974
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]
Signature of Owner/Contractor/Officer(s) of Corporation

5/5/23
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: [Signature] owner/operator Date: 5/3/23

* Adding Mechanical GAS Line

Company - Mr. Smokestack Chimney Service

Address - 203 N. Main St., Broadway, NC 27505

Phone - 919-747-1859 License 34313

email - Friends@mrsmokestack.com