



* 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 # _____

Application for Residential Building and Trades Permit

Owner's Name: Keri & Joseph Johnson Date 6.23.25
Site Address: 471 Anderson Creek School Rd Phone 803.543.7988
Subdivision: _____ Lot _____
Description of Proposed Work: New Construction Total Job Cost \$361,768.20

General Contractor Information

America's Home Place 910.252.0076
Building Contractor's Company Name Telephone
3266 Sanderosa Rd. Fayetteville NC 28312 aknoble@americashomeplace.com
Address Email Address
84626 1898 316
License # _____

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
Allman Electric 910.485.8317
Electrical Contractor's Company Name Telephone
345 Wilkes Rd, Fayetteville NC 28306 rickstephens@allmanelectric.com
Address Email Address
U.06136
License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC
Certified Heating & Air Conditioning 910.858.0000
Mechanical Contractor's Company Name Telephone
P.O. Box 1071 Hope Mills NC 28348 ehrin.certified@gmail.com
Address Email Address
L.20012
License # _____

Plumbing Contractor Information

Description of Work Plumbing # Baths 3
Daube J Plumbing, LLC 910-814-7705
Plumbing Contractor's Company Name Telephone
6014 Byrd St, Bunnlevel NC 28323 JamieJohnsonplumbing@gmail.com
Address Email Address
L21449
License # _____

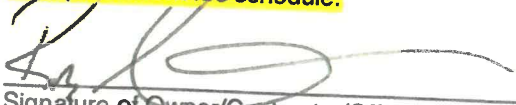
Insulation Contractor Information

Builder Service Group/Tri-City 3154 B Camden Rd, Fay NC 910.486.8855
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

6.23.25

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.

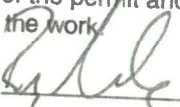
☐ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

☒ 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:

 District Vice President

Date: 6.23.25