



\* 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 HEATED SQ FT 1898 GARAGE SQ FT 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.06136  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 3  
Titans Plumbing 919.902.0990  
Plumbing Contractor's Company Name Telephone  
P.O. Box 1045 Dunn NC 28335 business@titansplumbing.com  
Address Email Address  
34800L  
License #

**Insulation Contractor Information**

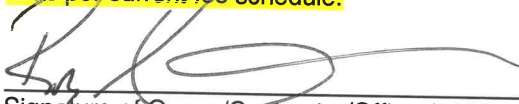
Builder Service Group/Tri-City 3154 B Camden Rd, Fay NC 910.486.8855  
Insulation Contractor's Company Name & Address Telephone

**\*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.

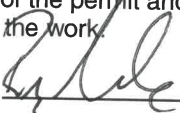
☐ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

☒ 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