



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: TIM THOMAS Date: 6-7-23

Site Address: 35 RAFTER CREEK LN Phone: 919-770-9594

Subdivision: _____ Lot: _____

Description of Proposed Work: ADDITION + GARAGE CONVERSION Total Job Cost: 143,934.41

General Contractor Information

GUNTER CONSTRUCTION COMPANY 919-353-2283
Building Contractor's Company Name Telephone

5811 COX MILL RD SANFORD, NC 27332 gunter.const@outlook.com
Address Email Address

62231 HEATED SQ FT 1274 GARAGE SQ FT 480
License #

Electrical Contractor Information

Description of Work WIRE ADDITION + GARAGE CONVERSION Service Size: 200 Amps T-Pole: ___ Yes No

HARMON'S ELECTRIC 919-498-4321
Electrical Contractor's Company Name Telephone

800 VERNON ST. BROADWAY, NC 27505 harmonshomeimprovement@yahoo.com
Address Email Address

U32567
License #

Mechanical/HVAC Contractor Information

Description of Work NEW HEAT PUMP + DUCTWORK

AIROTEMP HEATING + COOLING 919-775-1188
Mechanical Contractor's Company Name Telephone

PO BOX 1082 SANFORD, NC 27331 airotemp1@gmail.com
Address Email Address

27141
License #

Plumbing Contractor Information

Description of Work NEW M-BATH + 1/2 BATH PLUMBING # Baths 1 1/2

CHRIS DAIRAMPLE PLUMBING 919-770-1488
Plumbing Contractor's Company Name Telephone

229 FRANCES LOUISE LN, SANFORD, NC 27332 chrisdairampleplumbing@gmail.com
Address Email Address

28941
License #

Insulation Contractor Information

TRI-CITY 3154 CAMDEN RD. FAYETTEVILLE, NC 28306 919-486-8855
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.

Cam B. Ginter

Signature of Owner/Contractor/Officer(s) of Corporation

6-7-23

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: *Cam B. Ginter* OWNER/CONTRACTOR

Date: *6-7-23*