



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: Tina Coleman Date 25 MAY 2023

Site Address: 187 Constitution Way Sprout Springs NC 28376 Phone 919-499-3973

Subdivision: _____ Lot _____

Description of Proposed Work: flooring paint, insulate plumbing Total Job Cost 17,286.69

General Contractor Information

Building Contractor's Company Name Highland Construction Telephone 910-485-6238

Address 1409 Clinton Rd. Fay, NC 28312 Email Address Linda.Campbell@teamhighland.com

License # 25594 HEATED SQ FT 1,115 GARAGE SQ FT _____

Electrical Contractor Information

Description of Work 110volt + copper wiring Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name WO's Electric Telephone 910-850-5495

Address 575 Cape Rd. Red Springs, NC 28377 Email Address woselectric@live.com

License # 19628U

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work moving center drain tub to left # Baths 2

Plumbing Contractor's Company Name Glenn Glover Plumbing Telephone 910-354-7506

Address 5720 McDougal Dr. Fay, NC 28344 Email Address g2plumbing@yahoo.com

License # 29124PI

Insulation Contractor Information

Insulation Contractor's Company Name & Address Adventure Remodeling Telephone 910-309-5929

*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.

M. G. DeStefano
Signature of Owner/Contractor/Officer(s) of Corporation

25 MAY 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: *M. G. DeStefano*

PA

Date: 25 MAY 2023