



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: Kent Hudson Date 6/15/23

Site Address: 3174 Ebenezer Church Rd Phone 561-749-9960

Subdivision: _____ Lot _____

Description of Proposed Work: Heated Inground pool 25x35 Total Job Cost \$129,000.00

General Contractor Information

Superior Pools of triangle
Building Contractor's Company Name

5720 Capital Blvd m-1
Address

85173
License #

spa 7x7, coping: 112,
Hardscape: 1,392.
919-772-7665

Telephone
Email Address office@spotpools.com

HEATED SQ FT _____

GARAGE SQ FT _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Carrington Electric LLC
Electrical Contractor's Company Name

2330 New bern ave.
Address

26305
License #

919-390-5304
Telephone

Email Address adam@CarringtonElectric.com

Mechanical/HVAC Contractor Information

Description of Work _____

Brite Creations
Mechanical Contractor's Company Name

7204 Acc Blvd Raleigh, NC 27617
Address

31519
License #

919-263-3474
Telephone

Email Address permit@callclement.com

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Address _____

License # _____

Telephone _____

Email Address _____

Insulation Contractor Information

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.

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

X 6/14/23
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.

X Sign w/Title:  owner _____

X Date: 6/14/23