



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: Bobby McGirt Date 7/18/2023

Site Address: 995 Shawton Rd Phone 910-489-9209

Subdivision: N/A Lot N/A

Description of Proposed Work: Rehabilitation of a home Total Job Cost 57955.09

General Contractor Information

DSW Homes LLC 409-744-3400

Building Contractor's Company Name Telephone

1318 Commerce Dr, New Bern NC 28562 ncadmin@dswhomes.com

Address Email Address

77881 HEATED SQ FT 1348 GARAGE SQ FT N/A

License #

Electrical Contractor Information

Description of Work Residential Repairs - See scope of work Size: _____ Amps T-Pole: ___ Yes ___ No

IES Residential 919-301-8884

Electrical Contractor's Company Name Telephone

111 Sigma Dr, Garner, NC, 27529 lance.langley@ies-co.com

Address Email Address

U.27096-02

License #

Mechanical/HVAC Contractor Information

Description of Work Residential Repairs - See scope of work

Airmakers 919-878-8800

Mechanical Contractor's Company Name Telephone

5420 Old Poole Rd, Raleigh, NC 27610 Ladonna@airmakers.com

Address Email Address

9809

License #

Plumbing Contractor Information

Description of Work Residential Repairs - See scope of work # Baths 2

Fast Plumbers 919-986-2875

Plumbing Contractor's Company Name Telephone

7893 White Oak R, Raleigh, NC 27529 alexanderzuaso20166@gmail.com

Address Email Address

28250

License #

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.

Brianna Mason

7/18/2023

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

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: *Brianna Mason* Pre-Construction Coordinator Date: 7/18/2023