

| 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: | Date: 4/1/2025 |
| Site Address: 518 Mc Weill Mill Rd Brandway NC | 17505 Phone: 317-304-7732 |
| Subdivision: n/A | Lot: |
| Description of Proposed Work: Home Build | Total Job Cost: 365 219.27 |
| General Contractor Information | 1 |
| Building Contractor's Company Name | (919) 616-690 Z Telephone |
| 318 E Vance St FV NC 27526 Address | Steven @ butlerhomesusa. com Email Address |
| <u>806 20</u> HEATED SQ FT <u>981</u> GARAGE SQ License # | QFT_394 |
| Electrical Contractor Informatio | <u>n</u> |
| | Zao Amps T-Pole: YesNo |
| The Electrical Company Name | 984-301-3531 Telephone |
| Address St FV NC 27526 | isaac @ electriq conf com Email Address |
| 34492 | |
| License # Mechanical/HVAC Contractor Inform | nation |
| Description of Work install New Home HVAC | ladon |
| Water State Control of the Control o | 336 - 260 - 9984 |
| Mechanical Contractor's Company Name | Telephone |
| 127 W. Holding Ave Wake Forest, NC 27587 Address | Email Address J beating and air . com |
| 32842 | |
| License # | |
| Plumbing Contractor Information | |
| Description of Work New Planbing connected to septer | # Baths |
| Plumbing Contractor's Company Name | (919) 414-8637 Telephone |
| 1790 Lafayette Rd FV, NC 27526 Address | Email Address |
| 79988 License # | |
| Insulation Contractor Information | on |
| | (919) 790 - 9684 Telephone |
| Insulation Contractor's Company Name & Address | Telephone |
| 7204 Becky Cirle Raleigh, NC 27615 | |
| *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.

4/7/2025 Date

| The undersig | Affidavit for Worker's Compensation N.C.G.S. 87-14 ned applicant being the: | |
|---|---|--|
| Gen | eral Contractor Owner Officer/Agent of the Contractor or Owner | |
| Do hereby co | onfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work | |
| | ree (3) or more employees and has obtained workers' compensation insurance to cover them. | |
| (| ne (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover | |
| Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. | | |
| Has n | o 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:_ | Sems E Date: 4/7/2025 | |