



Duplex

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27540
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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Jonathan Taylor Date: 1/3/24
Site Address: _____ Phone: 910-528-6522
Subdivision: 3558, 3554 Old US 421, Lillington Lot: _____
Description of Proposed Work: New Construction

General Contractor Information

Carolina Construction + Restoration 910-550-4207
Building Contractor's Company Name Telephone
PO Box 203, Lillington, NC 27546 jimccrestoration.com
Address Email Address
70494
License #

Electrical Contractor Information

Description of Work: New Construction Service Size: 200 Amps T-Pole: Yes No
Pioneer Electric 919-499-7707
Electrical Contractor's Company Name Telephone
80 Neill Thomas Rd, Lillington, NC
Address Email Address
21643-11
License #

Mechanical/HVAC Contractor Information

Description of Work: New Construction
T + M Heating + Air 919-291-0376
Mechanical Contractor's Company Name Telephone
724 Turlington Rd, Dunn, NC
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work: New Construction # Baths: 3
Thomas D. Creswell 919-984-2157
Plumbing Contractor's Company Name Telephone
11770 NC Hwy 50 S, Newton Grove, NC
Address Email Address
33354
License #

Insulation Contractor Information

Tatum Insulation 519 Old Drug Store Rd 919-661-0999
Insulation Contractor's Company Name & Address Telephone
Garner, NC

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Duplex!

Harnett
COUNTY
NORTH CAROLINA



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.

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

Date

1/3/24

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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractor(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

Write 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 with: Mr. Turk

Date: 1/3/24