



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: DAVIDSON HOMES, LLC Date 01/04/24  
Site Address: 269 VAN WINKLE STREET LILLINGTON, NC 27546 Phone 984-217-8561  
Subdivision: WELLERS KNOLL Lot 33  
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL Total Job Cost 16,000

**General Contractor Information**

DAVIDSON HOMES, LLC 984-217-8561  
Building Contractor's Company Name Telephone  
336 JAMES RECORD ROAD HUNTSVILLE, AL 35824 CHowell@davidsonhomesllc.com  
Address Email Address  
80381 HEATED SQ FT 0 GARAGE SQ FT 286 DETACHED GARAGE  
License #

**Electrical Contractor Information**

Description of Work NEW SINGLE FAMILY RESIDENTIAL Service Size: 200 Amps T-Pole:  Yes  No  
TOOL TIME ELECTRIC COMPANY, INC. 919-215-9245  
Electrical Contractor's Company Name Telephone  
PO Box 1347 APEX, NC 27502 brandon@tooltimeelectric.com  
Address Email Address  
1.31034  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NA  
Mechanical Contractor's Company Name Telephone  
Address Email Address  
License #

**Plumbing Contractor Information**

Description of Work NA # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone  
Address Email Address  
License #

**Insulation Contractor Information**

TATUM INSULATION, INC. 910-862-5958  
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.

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

01/04/24

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:

DAVIDSON HOMES RALEIGH DIVISION PRESIDENT

Date: 01/04/24