



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: KIM C. MATTINGLY Date: 1-30-24
Site Address: 985 BUFFALO LAKE RD Phone: 530-781-3068
Subdivision: LAKE CRESTVIEW Lot: 13
Description of Proposed Work: COMPLETE RENOVATION Total Job Cost: \$150,000.00

General Contractor Information

TOMMY KNIGHT 919-299-6102
Building Contractor's Company Name Telephone
3816 HENRY OLDHAM RD - GOLDSTON N.C. TKNIGHTCCINC@GMAIL.COM
Address 27052 Email Address
29067 HEATED SQ FT 3150 GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work MISC WIRING ON EXISTING HOME Service Size: 200 Amps T-Pole: Yes No
JACKSON & SONS 919-352-8071
Electrical Contractor's Company Name Telephone
2007 S. SHORE LAKE - SANFORD
Address N.C. 27330 Email Address
1333-56
License #

Mechanical/HVAC Contractor Information

Description of Work N.A.
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work NEW FIXTURES - RENOVATE EXISTING BATHS # Baths 3
SAMMY THOMAS 919-499-7959
Plumbing Contractor's Company Name Telephone
1480 ION CHURCH RD - SANFORD N.C.
Address 27330 Email Address
7151
License #

Insulation Contractor Information

N.A.
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.

Jeremy A. Knight
Signature of Owner/Contractor/Officer(s) of Corporation

1-30-94
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: Jeremy A. Knight Date: 1-30-94