



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: David Sutton Date: 2-20-2024

Site Address: 107 Person Ct. Spring Lake, N.C. 28390 Phone: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Add Adaptive therapy room Total Job Cost: \_\_\_\_\_  
Bed Room - Bathroom - Closet - Laundry - office

**General Contractor Information**

Kelly F. Stanley - Bu:lder

Building Contractor's Company Name

107 Fox Craft Drive, Clinton, N.C. 28328

Address

# 25333 HEATED SQ FT 532 GARAGE SQ FT \_\_\_\_\_

License #

910-385-6633

Telephone

kfs615@gmail.com

Email Address

**Electrical Contractor Information**

Description of Work Provide Electrical For Addition Service Size: 200 Amps T-Pole:  Yes  No

Terry Long Electrical Service

Electrical Contractor's Company Name

P.O. Box 535 Garland, N.C. 28441

Address

# 13472

License #

910-590-4664

Telephone

flectr.calsvr@yahoo.com

Email Address

**Mechanical/HVAC Contractor Information**

Description of Work Provide HVAC For 532 sq ft. Addition

Terry Long Electrical Service

Mechanical Contractor's Company Name

P.O. Box 535 Garland, N.C. 28441

Address

Mech L-16800

License #

910-590-4664

Telephone

flectricalsvr@yahoo.com

Email Address

**Plumbing Contractor Information**

Description of Work Plumb Bathroom + laundry # Baths 1

J & D Plumbing

Plumbing Contractor's Company Name

Southeast Blvd. Clinton N.C. 28329

Address

# 16489-P1

License #

910-385-214-0396

Telephone

jeffbsmith@gmail.com

Email Address

**Insulation Contractor Information**

Parker Brothers Insulation Clinton N.C. 28328 910-990-5928

Insulation Contractor's Company Name & Address Telephone

825 Kitty Fork Rd.

\*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.

Kelly F. Stanley  
Signature of Owner/Contractor/Officer(s) of Corporation

2-20-2024  
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: Kelly F. Stanley Date: 2-20-2024