



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: Bobby Johnson Date 5/14/24

Site Address: 21 West Blackman Rd. Dunn, NC 28334 Phone 919-621-0948

Subdivision: _____ Lot _____

Description of Proposed Work: Set up 32 x 60 off frame modular w/6 x 12 front porch Total Job Cost \$224,695.00

General Contractor Information

The Daly Company, Inc. 919-751-0622

Building Contractor's Company Name Telephone

4043 McLain St. Goldsboro, NC 27534 thedalycompany2@aol.com

Address Email Address

83668 **HEATED SQ FT** 1740 **GARAGE SQ FT** _____

License # _____

Electrical Contractor Information

Description of Work wire home and heat pump Service Size: 200 Amps T-Pole: ___ Yes X No

Nick Outlaw Electrical 919-222-0125

Electrical Contractor's Company Name Telephone

102 Joy Drive LaGrange, NC 28551 nickoutlawelectrical@live.com

Address Email Address

26796

License # _____

Mechanical/HVAC Contractor Information

Description of Work Install split system heat pump

Collins Heating and Air 919-947-1754

Mechanical Contractor's Company Name Telephone

3403 Catherine St. Goldsboro, NC 27530 ecollins@collinsheatandcool.com

Address Email Address

28643

License # _____

Plumbing Contractor Information

Description of Work Plumb home to water & sewer # Baths 2

Epps Plumbing 919-738-1280

Plumbing Contractor's Company Name Telephone

110 East Doe Trail Goldsboro, NC 27530 kennethepps1280@gmail.com

Address Email Address

23184

License # _____

Insulation Contractor Information

AES 4400 US-70, Goldsboro, NC 27534 (919) 778-3337

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

5/13/24

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: _____ Date: 5/14/24