



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

Email centralpermitting@harnett.org

Application for Residential Building and Trades Permit

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Owner's Name: JEFFREY STEWART Date 3-11-24

Site Address: 9165 NC HWY 27 E, BENSON NC 27504 Phone 910-443-5284

Subdivision: _____ Lot _____

Description of Proposed Work: 19' x 37' POOL w/ B' DECK Total Job Cost \$55,000.00

General Contractor Information

STEWART GROUP ENTERPRISES, LLC Telephone 919-894-2680
Building Contractor's Company Name

115 S RAILROAD ST. BENSON NC 27504 jeffrey@stewartgroupenterprises.com
Address Email Address

69804 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work POOL - ELECTRICAL SERVICE Service Size: _____ Amps T-Pole: Yes No

MABRY'S ELECTRICAL Telephone 919-868-6012
Electrical Contractor's Company Name

639 MABRY ROAD, ANGLIER NC 27521 office@mabryelectrical.com
Address Email Address

15077
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 _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

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

Date 3/11/24

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:

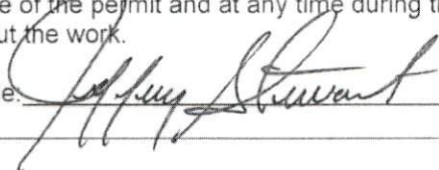
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ Has one (1) or more 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:  owner Date: 3/11/24