



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: SANDHILLS REAL ESTATE HOLDINGS Date 4-16-24  
Site Address: 258 BROWER RD CAMERON 28326 Phone 910-661-4163  
Subdivision: N/A Lot \_\_\_\_\_  
Description of Proposed Work: SCHOOL HOUSE CONVERSION Total Job Cost \$19,500

**General Contractor Information**

INNOVATIVE BUILDS 630-818-0173  
Building Contractor's Company Name Telephone  
1102 WADDELL ST. FAYETTEVILLE NC 28314 INFO@INNOVATIVEBUILDS.COM  
Address Email Address  
L. 87786 HEATED SQ FT 864 GARAGE SQ FT 0  
License #

**Electrical Contractor Information**

Description of Work INSTALL: ELECTRIC SVC Service Size: 200 Amps T-Pole:  Yes  No  
G.E.T. ELECTRIC 910-605-9154  
Electrical Contractor's Company Name Telephone  
294 N. PRINCE HENRY WAY CAMERON 28326 getelectric123@gmail.com  
Address Email Address  
L. 3317  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC ALREADY ON BUILDING NO SET-UP REQ.  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work PLUMB FIT. + BATH + PLUMB Hook P # Baths 1  
PLUMB PERFECT 919-770-0773  
Plumbing Contractor's Company Name Telephone  
5231 SWANNS STATION RD. SANDHILL 27332  
Address Email Address  
L. 35919  
License #

**Insulation Contractor Information**

CUMBERLAND INSULATION CO 910-484-7118  
Insulation Contractor's Company Name & Address Telephone  
4205 CUNTON RD  
FAYETTEVILLE NC 28312

\*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]  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
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: [Signature], Self-owner Date: 4.18.24