



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: Alissa Brackley Date: 5/16/24

Site Address: 41 Laurel Wood Ln. Phone: 919 819 3223

Subdivision: Arbour Crest Lot: _____

Description of Proposed Work: turn garage into office Total Job Cost: \$10K ish

Jason Jason Construction LLC General Contractor Information

Telephone: 910-813-0251

~~Triad Solutions LLC~~

~~919 775 8376~~

H Cambridge Dr. Angier Building Contractor's Company Name Angier

Telephone: Jason Jason Construction

~~4301 Ellwood Dr. Dupont 27537~~

Email Address: ajusa.com

~~87959~~ HEATED SQ FT 15x21 GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work: Lights overhead Service Size: _____ Amps T-Pole: Yes No

Jared's Electrical Services, LLC

Telephone: 910-818-7800

Electrical Contractor's Company Name

Telephone: jared.barra@gmail.com

Dunn NC

Email Address: _____

Address: 33975

License # _____

Mechanical/HVAC Contractor Information

Description of Work: putting in HVAC system

J & M Heating & Air Conditioning INC Telephone: 910-894-5501

Mechanical Contractor's Company Name

724 Turlington Rd Dunn NC Email Address: NA

Address: 28334

License # _____

Plumbing Contractor Information

Description of Work: add bathroom, kitchen hookups # Baths: 1

Main St. Plumbing & Washer/dryer Telephone: 984-238-0622

Plumbing Contractor's Company Name

1202 S. Main St. Fuquay Varra NC 27526 Email Address: NA

Address: L 35262

License # _____

Insulation Contractor Information

Jason Jason Construction LLC Telephone: 910-813-0251

Insulation Contractor's Company Name & Address

*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.

Alyssa Bradley 5/20/24
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: owner - *Alyssa Bradley* Date: 5/20/24