



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: CHARLES ORENDINE Date 6/24/24
Site Address: 38 WILLOWCROFT COURT DUNN NC 28334 Phone 910-896-2100
Subdivision: LETHA LAUREL Lot _____
Description of Proposed Work: CONSTRUCTION DETACHED GARAGE Total Job Cost \$100,000.00

General Contractor Information

JEREMY STRICKLAND Telephone 910-890-2160
Building Contractor's Company Name _____
1380 LANE ROAD, DUNN NC 28334 Email Address jstrickland87@yahoo.com
Address _____
51550 HEATED SOFT GARAGE SOFT 1225
License # _____

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size: 200 Amps T-Pole: Yes No
RST ELECTRIC Telephone 919-291-8700
Electrical Contractor's Company Name _____
3432 ZACK'S MILL RD, ANGER NC 27501 Email Address _____
Address _____
26202-1
License # _____

Mechanical/HVAC Contractor Information

Description of Work MINI SPLIT DETACHED GARAGE
RANDY LEE JACKSON Telephone 910-242-2941
Mechanical Contractor's Company Name _____
100 N 13TH STREET SUITE 15W ERWIN NC 28339 Email Address _____
Address _____
M-3-118512
License # _____

Plumbing Contractor Information

Description of Work ROUGH-IN UNFINISHED BATH W/STAIRS # Baths 1 UNFINISHED
ALLEGIANCE PLUMBING WATER LINES Telephone 910-476-2834
Plumbing Contractor's Company Name _____
6069 NC HWY 210 N ANGER NC 27501 Email Address _____
Address _____
NCPL #33823 CLASS 1
License # _____

Insulation Contractor Information


PAULIE PEROLS Telephone 910-990-5928
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.


 Signature of Owner/Contractor/Officer(s) of Corporation

6/6/24
 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:

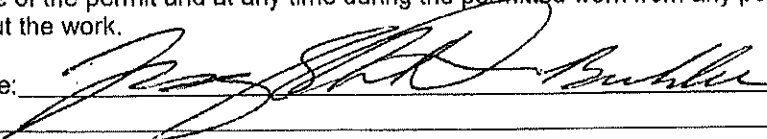
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 6/6/24