



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Clayton Homes of Sanford Date: 9/3/24
Site Address: 25 Corner Lane Cameron Phone: 919-352-2182
Subdivision: _____ Lot: _____
Description of Proposed Work: _____

Setup General Contractor Information

A Plus Construction 910-690-9222
Building Contractor's Company Name Telephone
425 Cranes Creek Rd. Cameron NC 28326 aplusconstruction5369@yahoo.com
Address Email Address
45570 com
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Triple A Electric 919-353-1982
Electrical Contractor's Company Name Telephone
654 Sellars Rd. Cameron NC 28326 johnson.ronnie95@gmail.com
Address Email Address
25128
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Spells Mechanical 910-525-5976
Mechanical Contractor's Company Name Telephone
123 W. Vinson Ave. Autryville NC 28318 spellsha@aol.com
Address Email Address
10574
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
Priority Plumbing 919-422-4935
Plumbing Contractor's Company Name Telephone
Po Box 264 Willow Spring, NC 27592 sjeffr8081@aol.com
Address Email Address
19550
License #

Insulation Contractor Information

N/A
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

9/3/24
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:  Project Coordinator Date: 9/3/24