



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: Brendan Barefoot Date 07/02/2024

Site Address: 369 E South Street, Coats Phone 919-669-7370

Subdivision: None Lot _____

Description of Proposed Work: Rehab property from house fire Total Job Cost 80,000

General Contractor Information

Herring Builders Inc 919-669-7370
Building Contractor's Company Name Telephone

P.O. Box 398, Coats brendan.barefoot@gmail.com
Address Email Address

48106 HEATED SQ FT 1008 GARAGE SQ FT 0

License # _____

Electrical Contractor Information

Description of Work Replace all wiring Service Size: _____ Amps T-Pole: Yes No

Chris Sinclair Electric 919-820-6229
Electrical Contractor's Company Name Telephone

201 Glover Road, Dunn chrissinclairlectric@gmail.com
Address Email Address

27819-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work Replace ductwork

Beasley's HVAC 919-894-4248
Mechanical Contractor's Company Name Telephone

57 WC Beasley Lane, Coats beasleyshvac@aol.com
Address Email Address

9497

License # _____

Plumbing Contractor Information

Description of Work Replace necessary plumbing and fixtures # Baths 1

Brent Adams 919-669-7979
Plumbing Contractor's Company Name Telephone

P.O. Box 45, Benson NC 27504 _____
Address Email Address

17359

License # _____

Insulation Contractor Information

Insulating NC, 1827 Jefferson-Davis Hwy, Sanford NC 27330 919-776-4138
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

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: 07/02/2024