



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: Glenda and Brian Burleson Date 7-30-24
Site Address: 224 Wade Stephenson Rd, Holly Springs Phone 1-720-484-0231
Subdivision: _____ Lot _____
Description of Proposed Work: Garage Addition Total Job Cost \$175,000

General Contractor Information

Blackman's Construction 919-422-3067
Building Contractor's Company Name Telephone
1221 Searcy Dr. Willow Springs NC Chris d blackman@yahoo.com
Address Email Address
57502 HEATED SQ FT 780 GARAGE SQ FT 864
License #

Electrical Contractor Information

Description of Work Install electrical Service Size: 200 Amps T-Pole: Yes No
A&S Electrical LLC 919-616-9632
Electrical Contractor's Company Name Telephone
3790 Christian Light Rd, Fuquay D. pope 27529@outlook.com
Address Email Address
30755
License #

Mechanical/HVAC Contractor Information

Description of Work install mini split
Triangle Heating + Air 919-669-1264
Mechanical Contractor's Company Name Telephone
105 Cutts St, Angier NC Triangle CST@gmail.com
Address Email Address
25537
License #

Plumbing Contractor Information

Description of Work None # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Insulation Contractor Information

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.

Christopher Dye Blalock
Signature of Owner/Contractor/Officer(s) of Corporation

7-30-24
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: *Christopher Dye Blalock / Owner* Date: 7-30-24