



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: _____

Site Address: 41 Andrea Ct. Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Setup **General Contractor Information**

A Plus Construction

Building Contractor's Company Name

425 Cranes Creek Rd. Cameron NC 28326

Address

45570

License #

910-690-9222

Telephone

aplusconstruction5369@yahoo.com

Email Address

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No

Triple A Electric

Electrical Contractor's Company Name

654 Sellers Rd. Cameron NC 28326

Address

25128

License #

919-353-1982

Telephone

johnson.ronnie95@gmail.com

Email Address

Mechanical/HVAC Contractor Information

Description of Work _____

D.D HVAC LLC.

Mechanical Contractor's Company Name

605 Chatham St. Sanford, 27330

Address

23371

License #

919-628-2183

Telephone

contact@ddhvacllc.com

Email Address

Plumbing Contractor Information

Description of Work _____ # Baths 2

Priority Plumbing

Plumbing Contractor's Company Name

Po Box 264 Willow Spring, NC 27592

Address

19550

License #

919-422-4935

Telephone

sjeffr8081@aol.com

Email Address

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.


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

12-4-24
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: 12-4-24