



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: WARREN HEATH Date 1/23/25  
Site Address: 203 HOPE STREET ERWIN Phone 919-737-4344  
Subdivision: n/a Lot \_\_\_\_\_  
Description of Proposed Work: Repair's Single Family home Total Job Cost 25,000

**General Contractor Information**

Warren Heath / Owner 919-737-4344  
Building Contractor's Company Name Telephone  
650 Church Rd, Benson, NC 27504 MainVisonContracting@yahoo.com  
Address Email Address

HEATED SQ FT 754 GARAGE SQ FT 0

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Remodel/Repair Service Size: 200 Amps T-Pole:  Yes  No  
RA JACKSON ELECTRIC Telephone 919-730-1251  
Electrical Contractor's Company Name  
9261 RALEIGH Rd, Benson NC 27504 RAJACKSONELECTRIC@  
Address Email Address  
21144 embargo@mail.com  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Install/Repair  
Dupree Heating & AIR Telephone 919-291-0573  
Mechanical Contractor's Company Name  
2085 Eddie Howard Rd Willow Spring DupreeHVAC@yahoo.  
Address Email Address  
31834 27592 com  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Install/Repair # Baths 1  
Gordons Plumbing Inc. Telephone 919-553-4723  
Plumbing Contractor's Company Name  
3849 Little Creek Church Rd, Gordonsplumbing96@  
Address Email Address  
19346 Clayton NC gmail.com  
License # \_\_\_\_\_

**Insulation Contractor Information**

Tatum Insulation II Inc. Telephone 919-661-0999  
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.

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

1/23/25  
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: Warrick, PA Owner      Date: 1/23/25