



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: CHANGE OF CONTRACTORS Date 3/28/2025

Site Address: PERMIT NUMBERS - SFD2411-0075 AND BRES2411-0041 Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____ **HEATED SQ FT** _____ **GARAGE SQ FT** _____

Electrical Contractor Information

Description of Work ALL ELECTRICAL WORK Service Size: 200 Amps T-Pole: Y Yes No

WORLDWIDE ELECTRIC 252-885-1900 OR 252-442-2586

Electrical Contractor's Company Name _____ Telephone _____

PO BOX 8743 ROCKY MOUNT, NC 27804 WWESLUKEP@AOL.COM

Address _____ Email Address _____

22407-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work ALL HVAC WORK

RANDY LEE JACKSON 910-242-2941

Mechanical Contractor's Company Name _____ Telephone _____

1113 WARREN RD., ERWIN, NC 28339

Address _____ Email Address _____

H-3-1 18512

License # _____

Plumbing Contractor Information

Description of Work ALL PLUMBING AND CONNECTION TO SEPTIC # Baths 3

RICHARDS PLUMBING INC 910-476-2441

Plumbing Contractor's Company Name _____ Telephone _____

5630 LACOSTA DR., HOPE MILLS, NC 28348 RICHARDCCALL@AOL.COM

Address _____ Email Address _____

26497

License # _____

Insulation Contractor Information

COHEN'S INSULATION - 7328 Siemens Rd Wendell, NC 27591 (843) 761-6587

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.



3/28/25

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: _____ Date: _____