

Application #

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Kim R. Fowler		D	ate:10/21/24
Site Address: River Bluff Drive North, Dunn, NC			
Subdivision:			
Description of Proposed Work:	Build new home	_ Total Job Cost:	(200,00
<u>G</u>	eneral Contractor Information		
Outpost Design Build, LLC		910-530-	-0307
Building Contractor's Company Name		Telephone	
1922 Chestnut St, Wilmington, NC 28405		outpostdesignbuild@gmail.com	
Address		Email Address	
	D SQ FT 1608 GARAGE SQ	FT	
License #	atrical Contractor Information		
Description of Work <u>all electrical work for</u>	ectrical Contractor Information		e Yes No
Brian Johnson Electric CO. Electrical Contractor's Company Name		910-892-9220 Telephone	
		relephone	
2490 Hobson Rd. Dunn, NC 28334		Email Address	
Address		Email Address	
L.103824			
License #	nical/HVAC Contractor Inform	ation	
		atton	
Description of Workinstallation of m	ini-split units		
Mechanical Contractor's Company Name		919-894-4248	
		Telephone	
		beasleyshvac@ao	l.com
Address		Email Address	
9497			
License #			
	umbing Contractor Information	-	
Description of Workall plumbing work f	or new home	_# Baths	
Gary Willis Plumbing			
Plumbing Contractor's Company Name		Telephone	
		hayleyh@gwplumbinginc.com	
Address		Email Address	
18659			
License #	1.00		
Ins	ulation Contractor Informatio		1 2 475
Cohen's Insulation		843-761-3475	
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 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee

Signature of Owner(Co.
owner/Contractor/Officer(a)
Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 X General Contractor
The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 97.4
— x General Contractor
Do hereby conf
General Contractor Owner Officer/Agent of the Contractor or Owner set forth in the permit:
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work Has three (3) or more employees and has obtained.
Has three (3) or more employees and the work
Has one (1)
them.
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance Has no more than two (2) employees and possess.
covering themselves
Has no rids their own policy of workers' company
rias no more than two (2) employees and
While
While working on the project for which this permit is sought it is understood that the Central Permitting carrying out the work.
carrying out the work
Sign with any person of misurance prior
to issuance of the permit may require certificates of coverage of worker's compensation insurance prior carrying out the work. Sign w/Title: President, Outpost Design Build, LLC
Design Build, LLC
Date: 10/25/24