



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: Scott and Kathleen Forman Date 11/25/2024

Site Address: 289 Buckhorn Lake Rd Sping Lake, NC 28390 Phone 9103081729

Subdivision: _____ Lot _____

Description of Proposed Work: Construct an in ground concrete pool Total Job Cost 172,255.00

General Contractor Information

Clayton Britt and Sons Inc

9108688319

Building Contractor's Company Name

Telephone

PO Box 29 Fayetteville, NC 28302

ccox@spaandpoolworld.com

Address

Email Address

35207U

HEATED SQ FT

GARAGE SQ FT

License #

Electrical Contractor Information

1
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Description of Work Wire pool equipment only Service Size: 60 Amps T-Pole: ___ Yes X No

Heath Whipple Electric

(910) 322-6061

Electrical Contractor's Company Name

Telephone

4836 Rexham Drive, Fayetteville, NC, 28312

hwe9447@gmail.com

Address

Email Address

L.25662

License #

Mechanical/HVAC Contractor Information

Description of Work N/A

Mechanical Contractor's Company Name

Telephone

Address

Email Address

License #

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**



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Address Email Address
35207U **HEATED SQ FT** **GARAGE SQ FT**
License # _____

Electrical Contractor Information

2
*

Description of Work Pool Bonding electrician only Service Size: _____ Amps T-Pole: ___ Yes X No
Claytong Britt and Sons Inc - John Britt (910) 868-8319
Electrical Contractor's Company Name Telephone
PO Box 29 Fayetteville, NC 28302 ccox@spaandpoolworld.com
Address Email Address
37032SP-SP
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A

Mechanical Contractor's Company Name Telephone

Address Email Address

License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License # _____

Insulation Contractor Information

N/A
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.

Christine Cox

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

11/25/2024

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: *Christine Cox Sr Project Coordinator*

Date: 11/25/2024