



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: Lee Turlington Date 11/12/2024
Site Address: 426 McLamb Rd Coats, NC 27521 Phone (910) 985-1870
Subdivision: 2661 NC 55 W Coats, NC 27521 Lot _____
Description of Proposed Work: Turn Screen Porch to living space Total Job Cost \$65,000

General Contractor Information

STS Construction, LLC (919) 605-8003
Building Contractor's Company Name Telephone
426 McLamb Rd Coats, NC 27521 Josh@stconstruct.com
Address Email Address
83965 HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
SBS Electrical (919) 422-8687
Electrical Contractor's Company Name Telephone
121 Southeast Railroad St Benson, NC 27504 sevens@scottbettsandson.com
Address Email Address
32601
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Bensley's Heating & Air Inc (919) 894-4248
Mechanical Contractor's Company Name Telephone
57 W C Bensley Ln, Coats, NC 27521
Address Email Address
9497
License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Insulation Contractor Information

Palomo Insulation Inc (919) 369-3770
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.

Joshua D. James
Signature of Owner/Contractor/Officer(s) of Corporation

11/12/2024
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: *Joshua D. James / owner*

Date: 11/12/2024