

Application # _____

Harnett County Central Permitting

PO Box 69 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

* 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

Application for Residential Building and Trades Permit

Owner's Name Superior Homes of the Sandhills Date _____

Site Address 1271 Cameron Hill Rd, Cameron, NC 28326 Phone: 910-400-5080

Subdivision _____ Lot 6

Description of Proposed Work Accessory Building/detached garage Total Job Cost 30000

General Contractor Information

Superior Homes of the Sandhills 910-400-5080
Building Contractor's Company Name Telephone
West End, NC 27376 superiorhomesofthesandhills@gmail.com
Address Email Address
99354 HEATED SQ FT _____ GARAGE SQ FT 900
License # _____

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
JM Pope 919-776-5144
Electrical Contractor's Company Name Telephone
Sanford, NC 27330 marshallpope74@gmail.com
Address Email Address
21326
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

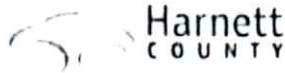
Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

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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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

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

1/7/25
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 Justin Harris GC Date 1/15/25