



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Email: Centralpermitting@harnett.org

* 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: Thomas Strickland Date 1/27/2025
Site Address: 157 Looping Ct., Angier, NC 27501 Phone 848-266-6563
Subdivision: TOBACCO ROAD S/D Lot LOT#24
Description of Proposed Work: Residential Inground Swimming Pool Total Job Cost \$148,868

General Contractor Information

Anthony & Sylvan Pools North Carolina LLC (919) 886-0679
Building Contractor's Company Name Telephone
9201-C Southern Pine Blvd. Charlotte, NC 28273 info@anthony&sylvan.com
Address Email Address
L.68766 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work Electrical Works Service Size: Amps T-Pole: Yes No
Frontier Electrical Services Inc tel:9198178774
Electrical Contractor's Company Name Telephone
4070 Pine Ridge Rd Franklinton, NC 27525 frontierelectrical2011@gmail.com
Address Email Address
License Numbers: I.23712
License #

Mechanical/HVAC Contractor Information

Description of Work Mechanical Works
Hammerstruck LLC tel:9196982534
Mechanical Contractor's Company Name Telephone
5100 Paschall Dr Durham, NC 27705 shana.paschall@hammerstruck.net
Address Email Address
#34691
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.



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.

Michael Exum License Qualifier - Q.35244 1/27/2025
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: Michael Exum License Qualifier - Q.35244 Date: 1/27/2025