



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: Kelly & Jill Foster Date 6/27/25Site Address: 233 Hobby Rd., Holly Springs NC 27540 Phone 919-896-2280Subdivision: \_\_\_\_\_ Lot 3Description of Proposed Work: Installation of inground swimming pool Total Job Cost \$41,205.00**General Contractor Information**Clearwater Pools919-359-2440

Building Contractor's Company Name

63-12 Anna Dr., Clayton NC 27520

Telephone

jpd@poolsbyclearwater.com

Address

86407

Email Address

License #

**HEATED SQ FT** \_\_\_\_\_**GARAGE SQ FT** \_\_\_\_\_**Electrical Contractor Information**Description of Work Bonding of pool/equipment Service Size: \_\_\_\_\_ Amps T-Pole: Yes NoJansens Electrical Service919-915-3047

Electrical Contractor's Company Name

2559 Hwy 15, Creedmoor NC 27522

Telephone

scottjansenselectric@gmail.com

Address

23596-L

Email Address

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 &amp; 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.**

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

6/27/25  
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:

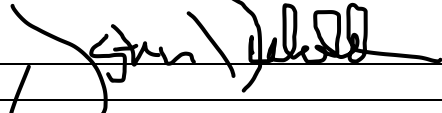
☒ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ 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:  Date: 6/27/25