



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

Application # _____

* 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: Eric Crabtree Date _____

Site Address: 194 Burrell Wilson Rd, Broadway, NC 27505 Phone 910-988-7081

Subdivision: _____ Lot _____

Description of Proposed Work: 12 x30 covered porch & 8x6 bathroom Total Job Cost 29,500

General Contractor Information

JA Hart Construction 919-777-0999
Building Contractor's Company Name Telephone
3408 Lee Ave, Sanford, NC 27332 sharoncoe@jahartconstruction.com
Address Email Address
81140 HEATED SQ FT 48 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work _____ Service Size: 20 Amps T-Pole: Yes No
Jackson & Sons Electric, LLC 919-352-8071
Electrical Contractor's Company Name Telephone
2007 S Shoreline Dr, Sanford, NC 27330 jacksonbrent25@yahoo.com
Address Email Address
L33356
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work sink & toilet only # Baths 1
McDonald Plumbing 919-770-0773
Plumbing Contractor's Company Name Telephone
5321 Swanss St, Sanford, NC 27332 mcdonaldplumbingcompany@gmail.com
Address Email Address
11824
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.

[Signature] / Contractor 4-14-25
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: *[Signature]* / Owner Date: 4-14-25