



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 # _____

Application for Residential Building and Trades Permit

Owner's Name: Timothy + Jennifer Jones

Date 5/19/25

Site Address: 172 Fisher Rd. Lillington, NC 27546

Phone 845-674-7053

Subdivision: _____ Lot _____

Description of Proposed Work: inground pool, outdoor kitchen Total Job Cost 144,000

General Contractor Information

Rising Sun Pools

Building Contractor's Company Name _____

5008 Hillsborough St

Address _____

69887

License # _____

HEATED SQ FT

GARAGE SQ FT

919-851-9780

Telephone _____

josh@risingSunpools.com

Email Address _____

Electrical Contractor Information

Description of Work wiring & lighting for pool Service Size: 60 Amps T-Pole: Yes No

919-915-3647

Telephone _____

2559 US Hwy 15 Creedmoor

Address _____

23596

License # _____

scottjansenselectrical@gmail.com

Email Address _____

Mechanical/HVAC Contractor Information

Description of Work gas for outdoor kitchen

Gas Pro LLC

Mechanical Contractor's Company Name _____

4914 F. Saint Rose Ch. Rd

Address _____

34551

License # _____

252 289 6929

Telephone _____

walker.gasp@llc@gmail.com

Email Address _____

Plumbing Contractor Information

Description of Work N/A

Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor Information

N/A

Insulation Contractor's Company Name & Address _____

Telephone _____

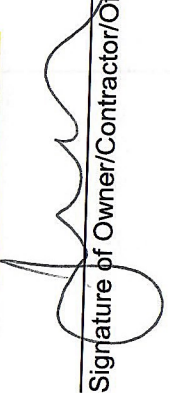
***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

strong roots • new growth



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

5/19/25 _____
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: Heddy Blar Agent of Contractor Date: 5/19/25