



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: JUAN & DANNA VASQUEZ Date _____
Site Address: 230 HEATHER BROOK CIR, SPRING LAKE, NC Phone (940) 633-7981
Subdivision: ANDERSON CREEK Lot 659
Description of Proposed Work: SUNROOM CONVERSION Total Job Cost \$30,230.00

General Contractor Information

WINDOW DEPOT OF RALEIGH (919)624-6329
Building Contractor's Company Name Telephone
2208 ASSOCIATE DR, UNIT G, RALEIGH, NC jobe@windowdepotraleigh.com
Address Email Address
104600 **HEATED SQ FT** 250 **GARAGE SQ FT** _____
License # _____

Electrical Contractor Information

Description of Work ADD OUTLETS ON KNEE WALL BELOW WINDOW Service Size: _____ Amps T-Pole: ____ Yes ____ No
HOLLY ELECTRIC
Electrical Contractor's Company Name Telephone
2701 MEADOW DR, SANFORD, NC, 27332 JOHNHOLLY2701@GMAIL.COM
Address Email Address
35351
License # _____

Mechanical/HVAC Contractor Information

Description of Work INSTALL MINI-SPLIT UNIT
BEST COMFORT MECHANICAL, INC. (919) 880-6365
Mechanical Contractor's Company Name Telephone
1114 W OAK ST, SELMA, NC, 27576
Address Email Address
35820
License # _____

Plumbing Contractor Information

Description of Work N/A # 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.

Jobe Jackson

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

5/20/2025

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:

Jobe Jackson

Date: 5/20/2025