

RESIDENTIAL BUILDING APPLICATION

Site Address: 190 Kent Lane Coats NC PIN: _____
Owner: Allen & Alice Kent Phone: 919.622.9514 Email: arkent81@icloud.com
Description of Proposed Work: Finish Bonus Room Total Job Cost: \$55,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Robert Pope Builders, LLC
General Contractor's Company Name
901 W. Pearson St. Dunn NC
Address
79853
License #

919 868 2912
Phone
popebuilders@gmail.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Finish Bonus Room
Capital Property Service Group
Electrical Contractor's Company Name
2630 Rowland Rd. Ste 100 Raleigh NC
Address
27615
License #

Service Size: existing Amps T-Pole: YES ☐ NO ☒
919.795.6158
Phone
reuben@cpsg.net
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Finish Bonus Room
Capital Property Service Group
Mechanical Contractor's Company Name
Address
29138
License #

2 ton unit
919 295 6158
Phone
reuben@cpsg.net
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: Map Finish Bonus Room
Capital Property Service Group
Plumbing Contractor's Company Name
Address
29138
License #

corner shower,
of Fixtures: 3 Sink
toilet
919 795 6158
Phone
reuben@cpsg.net
Email

INSULATION CONTRACTOR INFORMATION

Parker Brothers Insulation
Insulation Contractor's Company Name

910 990 5928
Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

6/1/25

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

6/1/25

Date