



Application # _____

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

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 for Residential Building and Trades Permit

Owner's Name: Armando Munoz Date 5/28/25
Site Address: 94 Winged Foot Dr. Bunnlevel, NC Phone 910 658 6440
Subdivision: Walnut Grove Lot 11

Description of Proposed Work: 14 helical piers, 27' dropped girder w/ 7 new crawl space piers, jack and shim 6 existing cmu piers. Total Job Cost \$ 29,760

General Contractor Information

Atlantic Foundation & Repair 919 855 0855
Building Contractor's Company Name Telephone
1015 Jordan Narvon Rd., Selma, NC 27576 cooper@wefixbrdenhomes.com
Address Email Address
60032 **HEATED SQ FT** 0 **GARAGE SQ FT** 0

License # _____

Electrical Contractor InformationDescription of Work N/A Service Size: _____ Amps T-Pole: ____ Yes ____ No

Electrical Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Mechanical/HVAC Contractor InformationDescription of Work N/A

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Plumbing Contractor InformationDescription 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.



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.

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

5/28/25
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: Casper Hall Manager of Gov't Relations Date: 5/28/25