

RESIDENTIAL BUILDING APPLICATION

Site Address: 1157 Coachman Way **PIN:** 9585-64-5882.000
Owner: Rodney Reid **Phone:** 828-228-5299 **Email:** rleidncsu.edu@gmail.com
Description of Proposed Work: 22'x27' pool house **Total Job Cost:** 108,000

GENERAL CONTRACTOR INFORMATION

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

JA Hart Construction, Inc 919-777-0999
General Contractor's Company Name Phone
3408 Lee Ave, Sanford, NC 27332 sharoncoe@jahartconstruction.com
Address Email
81140
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wire and install electrical service Service Size: _____ Amps T-Pole: YES ☐ NO ☒
Great Power Solution 910-638-6235
Electrical Contractor's Company Name Phone
301 Bingham St, Carthage, NC 28327 greatpowersolutions@outlook.com
Address Email
U.38080
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: Install sink and toilet - shower # of Fixtures: 2
McDonald Plumbing 919-770-0773
Plumbing Contractor's Company Name Phone
5321 Swanns Station Rd, Sanford, NC 27332 mcdonaldplumbingcompany@gmail.com
Address Email
11824
License #

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name _____ 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

6-18-25

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

6-18-25

Date