



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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Sandra Berry Date 7/10/25  
Site Address: 51 Oxford Woods Dr, Angier NC 27501 Phone 607-759-9494  
Subdivision: Oxford Woods Lot 3  
Description of Proposed Work: Enclosing a screen porch Total Job Cost \$35,000

**General Contractor Information**

Window Depot of Raleigh 919-420-9139  
Building Contractor's Company Name Telephone  
2208 Associate Dr. Ste. G, Raleigh NC 27603 job@windowdepotraleigh.com  
Address Email Address  
104600 HEATED SQ FT GARAGE SQ FT  
License #

**Electrical Contractor Information**

Description of Work Add 3 outlets in enclosure Service Size: \_\_\_\_\_ Amps T-Pole: ☒ Yes ☐ No  
Holly Electric 910 580 5844  
Electrical Contractor's Company Name Telephone  
2701 Meadow Dr. Sanford NC 27332 benvarzate97@gmail.com  
Address Email Address  
C. 35351  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name N/A Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name N/A Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License #

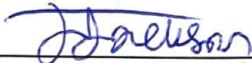
**Insulation Contractor Information**

Get It Done 984-288-5828  
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.



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

7/10/2025

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 - Operations Date: 7/10/2025