

## RESIDENTIAL BUILDING APPLICATION

Site Address: 3514 NC 27E, Coats NC 27521 PIN: 0690-34-8733.000  
Owner: Jereen Stone Phone: 910 890 5178 Email: Jereen.Stone@NCSECU.org  
Description of Proposed Work: 20'x30' Metal Workshop/Storage Total Job Cost: \$12,489  
on existing concrete mono slab

### GENERAL CONTRACTOR INFORMATION

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

Carolina Carports, Inc.  
General Contractor's Company Name  
187 Cardinal Ridge Trl. Dobson, NC 27017  
Address  
2705116290  
License #

1-800-670-4262  
Phone  
permitting@carolina-carports.com  
Email

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☐  
Electrical Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
License # \_\_\_\_\_

### MECHANICAL/HVAC CONTRACTOR INFORMATION

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

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
License # \_\_\_\_\_

### INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_

APPLICATION CONTINUES ON BACK



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

09/02/2025  
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

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

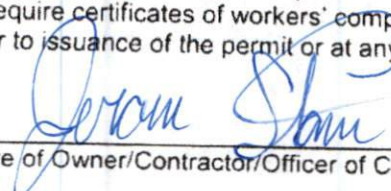
\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_ 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

09/02/2025  
Date