



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

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

Application for Residential Building and Trades PermitOwner's Name: Kelly Puckett Date 11/4/2025Site Address: 326 Pinevalley Ln Sanford NC 27332 Phone 443-876-5107

Subdivision: _____ Lot _____

Description of Proposed Work: 3 Smart Jacks, 1 10ft supplemental beam, Total Job Cost 6,721.78
4ft Band Board, 8 square Subfloor removal**General Contractor Information**Southeast Foundation and Crawlspace Repair LLC910-490-3181Building Contractor's Company NameTelephone709 Southwest Blvd, Clinton, NC, 28328csmith@sefoundationrepair.comAddressEmail Address88118HEATED SQ FT 1806GARAGE SQ FTLicense #**Electrical Contractor Information**Description of Work _____ Service Size: _____ Amps T-Pole: Yes NoElectrical Contractor's Company NameTelephoneAddressEmail AddressLicense #**Mechanical/HVAC Contractor Information**

Description of Work _____

Mechanical Contractor's Company NameTelephoneAddressEmail AddressLicense #**Plumbing Contractor Information**

Description of Work _____ # Baths _____

Plumbing Contractor's Company NameTelephoneAddressEmail AddressLicense #**Insulation Contractor Information**Insulation Contractor's Company Name & AddressTelephone***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.

Carley Smith/Agent

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

11-4-2025

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:

Carley Smith/Agent

Date: 11-4-2025