



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: _____ 206 OLD FERRY LN DUNN, NC 28334 _____ PIN: _____ 0596-34-0549.000 _____
Owner: _____ Phyllis Godwin _____ Phone: _____ 9108900477 _____ Email: _____ Phyllisgodwin@godwingroup.net
Description of Proposed Work: _____ Frame Elevator Shaft electrical _____ Total Job Cost: _____ 25000 _____

GENERAL CONTRACTOR INFORMATION

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

Nehemiah Building Group LLC
General Contractor's Company Name
3400 Jackson king rd willow Spring NC 27592
Address
_____ 79675 _____
License # _____
9198173108
Phone
_____ nick@saltandlightbuild.com _____
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Circuits for elevator _____ Service Size: _____ 400 _____ Amps T-Pole: YES ☐ NO ☒
_____ Scott betts and son inc _____
Electrical Contractor's Company Name
295 Chasbee Ln. Angier NC 27501
Address
_____ U-32601 _____
License # _____
9194228687
Phone
_____ jevans@scottbettsandson.com _____
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ N/a _____ # of Fixtures: _____
Plumbing Contractor's Company Name
Address
License # _____
Phone
Email

INSULATION CONTRACTOR INFORMATION

Stephenson building products
Insulation Contractor's Company Name
9199378543
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

11/19/25

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

11/19/25

Date