



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: 1607 Thistle Ct. Sanford N.C. PIN: _____
Owner: David Burleigh Phone: (910) 551-4776 Email: _____
Description of Proposed Work: Building detached GARAGE Total Job Cost: \$30,000

GENERAL CONTRACTOR INFORMATION

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

Billy Joe Dunn / David Burleigh 919-721-6786
General Contractor's Company Name Phone
5847 Sheriff Watson Rd. dunns home improvements
Address Email
@yahoo.com
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Receptacles + Lights Service Size: _____ Amps T-Pole: YES ☐ NO ☐
George Baker - All Seasons (919) 775-8689
Electrical Contractor's Company Name Phone
3981 Cumberland R.d. Fayette, N.C 28306 SamLarneyho2@icland.com
Address Email
17758-L
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.

X Billy J. Dunn
Signature of Owner/Contractor/Officer of Corporation

Dec 1, 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,

X ☒ 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.

Billy J. Dunn
Signature of Owner/Contractor/Officer of Corporation

Dec. 1, 2025
Date