



Application # 10-5-43234

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Keith Tripp Date: 7/12/19  
Site Address: Bumpass Creek Access NCSR 190B Phone: 910-892-9299  
Subdivision: \_\_\_\_\_ Lot: 2  
Description of Proposed Work: New Const.

**General Contractor Information**

Signature Home Builders 910-892-9299  
Building Contractor's Company Name Telephone  
1209 N. Main St. Lillington NC 27546 esherod.shb@gmail.com  
Address Email Address  
49431

License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: 400 Amps T-Pole:  Yes  No  
Buford Electric 910-723-1937  
Electrical Contractor's Company Name Telephone  
948 Pan Drive Hope Mills NC 28348  
Address Email Address  
31424

License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
J + M Heating + Air 910-897-5501  
Mechanical Contractor's Company Name Telephone  
724 Turlington Rd. Dunn NC 28334  
Address Email Address  
17164

License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 3.5  
L.R. Glover Plumbing 910-820-0026  
Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson NC 27504  
Address Email Address  
7958

License #

**Insulation Contractor Information**

Cumberland Insulation 910-484-7118  
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.**

Christoph D. Stuhl  
Signature of Owner/Contractor/Officer(s) of Corporation

7/12/19  
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: Christoph D. Stuhl Project Manager Date: 7/12/19