

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.

**Application for Residential Building and Trades Permit**

Owner's Name Gregory Inc Date 4-17-13  
Site Address 2595 Kipling Rd Phone 919-422-2251  
Directions to job site from Lillington Take 421 toward Fugate, Turn Left onto Kipling Rd, Go approx 3.5 miles, Lot @ Top of hill on Left  
Subdivision N/A Lot \_\_\_\_\_  
Description of Proposed Work Build New Home # of Bedrooms 3  
Heated SF 1301 Unheated SF X Finished Bonus Room? X Crawl Space ✓ Slab \_\_\_\_\_

**General Contractor Information**

Gregory Inc Telephone 919-422-2251  
Building Contractor's Company Name  
62 E. McIver St Email Address GregoryIncLanman@gmail.com  
Address  
36220  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Rough-In Trim Out New Home Service Size 200 Amps T-Pole ✓ Yes \_\_\_ No \_\_\_  
R.A. Gregory Electric  
Electrical Contractor's Company Name Telephone \_\_\_\_\_  
1948 NC 27 W. Lillington Email Address \_\_\_\_\_  
Address  
2777-4L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New System  
Carolina Comfort Air Telephone 919-333-4320  
Mechanical Contractor's Company Name  
200 Emmett Rd Dunn, NC Email Address \_\_\_\_\_  
Address  
29077  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Rough-In Trim-Out New Home # Baths 2  
Straight Flush Plumbing Telephone ~~919-772-59000~~ 919-422-8044  
Plumbing Contractor's Company Name  
978 Mitchell Rd Lillington Email Address \_\_\_\_\_  
Address  
23655  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulating Inc Telephone 919-772-9000  
Insulation Contractor's Company Name & Address

\*NOTE General Contractor 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

*Jack Gregory*  
Signature of Owner/Contractor/Officer(s) of Corporation

4-17-13  
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

Company or Name Gregory Inc

Sign w/Title *Jack Gregory* Vice-President Date 4-17-13