

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 Gandra Kay Henthorne Date 3/16/17  
Site Address Cummings Rd Phone \_\_\_\_\_  
Directions to job site from Lillington Take 421 Towards Sanford  
Ron Raven Road  
Lon Brown  
Subdivision Ron Cummings Lot \_\_\_\_\_  
Description of Proposed Work New SFD # of Bedrooms 4  
Heated SF 3429 Unheated SF 1252 Finished Bonus Room? YES Crawl Space \_\_\_\_\_ Slab X

**General Contractor Information**

Drake Homes Keith Brown 919 600 8988  
Building Contractor's Company Name Telephone  
Po Box 175 Willow Springs NC 27592  
Address Email Address  
51713  
License #

**Electrical Contractor Information**

Description of Work New SFD Service Size 200 Amps T-Pole  Yes  No  
Alpha Omega Electric 919 669 3418  
Electrical Contractor's Company Name Telephone  
1084 Lake Trail Creedmoor NC  
Address Email Address  
24828  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD  
CCA 919 550 7711  
Mechanical Contractor's Company Name Telephone  
5212 Hwy 70 W Clayton NC  
Address Email Address  
29077  
License #

**Plumbing Contractor Information**

Description of Work New SFD # Baths 3  
Thornbas 919 550 4333  
Plumbing Contractor's Company Name Telephone  
716A Vinsler Rd  
Address Email Address  
22152  
License #

**Insulation Contractor Information**

Tatum Old Cross Creek Garner NC 919 661 0999  
Insulation Contractor's Company Name & Address Telephone

\*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

TJFS Signature of Owner/Contractor/Officer(s) of Corporation Date 3/16/17

**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 Drake Homes

Sign w/Title TJFS Date 3/16/17