

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 Diversified Investors Inc. Date \_\_\_\_\_  
Site Address 380 Rainmaker St. Lillington, NC 28356 Phone 910-346-9800  
Directions to job site from Lillington South 401, Turn Right onto W. Reeves Bridge Rd.  
Turn Left onto Wil Lucas Rd, Turn Left onto Hybrid Ln.  
Turn Right onto Rainmaker St.  
Subdivision Sweetwater Lot 39  
Description of Proposed Work S.F.R. # of Bedrooms \_\_\_\_\_  
Heated SF 1994 Unheated SF 476 Finished Bonus Room? Yes Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

Atlantic Construction Inc. Telephone 910-939-9053  
Building Contractor's Company Name  
7 Doris Ave E. Jacksonville, NC 28540  
Address 37596 Email Address aci@atlanticconstructioninc.com  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work S.F.R. (new) Service Size 200 Amps T-Pole  Yes  No  
Williams Brothers Electric Telephone 910-329-7890  
Electrical Contractor's Company Name  
768 Grant's Creek Rd Jacksonville, NC 28540  
Address 2627-3-1 Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work S.F.R. (new)  
Certified Heating & Air Conditioning, LLC Telephone 910-858-0000  
Mechanical Contractor's Company Name  
P.O. Box 1071 Hope Mills, NC 28348  
Address H 3C1-20012 Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work S.F.R. (new) # Baths \_\_\_\_\_  
Dell Haire Plumbing Telephone 910-429-9939  
Plumbing Contractor's Company Name  
7612 Documentary Dr. Fayetteville, NC 28306  
Address 32886 P-1 Email Address \_\_\_\_\_  
License # \_\_\_\_\_

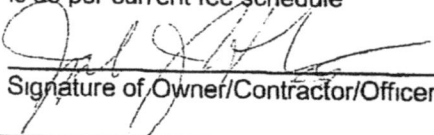
**Insulation Contractor Information**

A1 Insulation Inc. P.O. Box 180 Hope Mills, NC 28348 Telephone 910-850-3462  
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

  
Signature of Owner/Contractor/Officer(s) of Corporation

4-26-18  
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

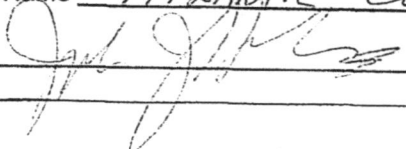
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 ATLANTIC CONSTRUCTION INC.

Sign w/Title  PRESIDENT Date 4-26-18