

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harrett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harrett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Lexington Plantation LLC Date: 5/2/2024

Site Address: 400 Centennial Parkway Cameron, NC 28326 Phone: 910-484-5400

Directions to job site from Lillington: use GPS

Subdivision: Lexington Plantation Phase II Lot: _____

Description of Proposed Work: Construct an inground concrete pool and patio

Heated SF _____ Unheated SF 1,200 pool
General Contractor Information: Building Cost \$ 217,013.50

Clayton Britt and Sons Inc 910-868-8319
Building Contractor's Company Name Telephone

PO Box 29 Fayetteville, NC 28302 ccox@spaandpoolworld.com
Address Email Address

Christine Cox 35207U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Description of Work wire pool equipment ONLY Electrical Cost \$ _____ Amps #T-Poles _____
Service Size: _____

WO's Electric - Jody Womack 910-850-5495
Electrical Contractor's Company Name Telephone

575 Cope Road Red Springs, NC 28377 woselectric@live.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

John Britt from Clayton Britt and Sons Inc will be doing the pool bonding electrical work. WO's Electric will be wiring the pool equipment. John's information will be the same as the GC's information listed above. You can use my email address for John ccox@spaandpoolworld.com.
His license is SP-SP 37032.

Plumbing Contractor Information: Plumbing Cost \$ _____ # Baths _____
Description of Work _____

Plumbing Contractor's Company Name Telephone _____

Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Officer(s) of Corporation _____ License # _____
Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Officer(s) of Corporation _____ License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

Christine COX _____ 5/2/2024 _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ 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: Clayton Britt and Sons Inc _____

Sign w/Title: Christine COX _____ Sr. Project Coordinator _____ Date: 5/2/2024 _____