



Application # \_\_\_\_\_

Harnett County Central Permitting  
120 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7125 ext. 1 Fax 910 893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: JORDAN LEGG Date 07/08/2024  
Site Address: 197 MAPLEWOOD DRIVE SANFORD NC 27332 Phone 404-317-8658  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: HVAC CHANGE OUT, REMOVE AND REPLACE EXISTING SYSTEM. 2.5 TON HP SPLIT CRAWLSPACE/OUTSIDE SERVICES DOWNSTAIRS ONLY, CHANGE BREAKER SIZE, RECONNECT ELECTRICAL Total Job Cost 13,900

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_ HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: CHANGE BREAKER SIZE, RECONNECT ELECTRICAL Service Size: 25 Amps T-Pole: \_\_\_ Yes \_\_\_ No  
CAROLINA COMFORT AIR INC Telephone 919-550-7711  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
5212 US HWY 70 BUS W CLAYTON, NC 27520 Email Address yolanda@carolinacomfortair.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
23988-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work: HVAC CHANGE OUT, REMOVE AND REPLACE EXISTING SYSTEM. 2.5 TON HP SPLIT Telephone 919-550-7711  
CAROLINA COMFORT AIR INC  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
5212 US HWY 70 BUS W CLAYTON, NC 27520 Email Address yolanda@carolinacomfortair.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
31589  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

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.

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

07/08/2024  
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: Golanda Owens Date: 07/08/2024