



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: WENDY JERNIGAN Date 02/11/2025

Site Address: 2393 BAILEYS CROSSROADS ROAD COATS NC 27521 Phone 919-971-6917

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: HVAC CHANGE OUT, REMOVE AND REPLACE EXISTING SYSTEM 2.5 TON HP PACK, OUTSIDE, WHOLE HOUSE, RECONNECT ELECTRICAL Total Job Cost 8900

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 RECONNECT ELECTRICAL FROM CHANGE OUT Service Size: 80 Amps T-Pole: Yes X No

CAROLINA COMFORT AIR INC 919-550-7711

Electrical Contractor's Company Name Telephone

5212 US HWY 70 BUS W CLAYTON NC 27520 yolanda@carolinacomfortair.com

Address Email Address

23988-L

License #

Mechanical/HVAC Contractor Information

Description of Work HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYSTEM. 2.5 TON HP PACK

CAROLINA COMFORT AIR INC 919-550-7711

Mechanical Contractor's Company Name Telephone

5212 US HWY 70 BUS W CLAYTON NC 27520 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

02/11/2025  
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 Retail Coordinator    Date: 02/11/2025