



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

Harnett 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.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: ZADA FAYE JERNIGAN Date 07/11/2025Site Address: 244 OLD COATS ROAD LILLINGTON NC 27546 Phone 910-670-5066

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

Description of Proposed Work: HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYSTEM, 3.5TON HP SPLIT SERVICES 1ST FLOOR DUCTWORK Total Job Cost 17500  
1500 SQ FT, CRAWLSPACE/OUTSIDE, RECONNECT ELECTRICAL**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: 50/60 Amps T-Pole: Yes No

CAROLINA COMFORT AIR INC

919-550-7711

Electrical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

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

Address \_\_\_\_\_ Email Address \_\_\_\_\_

23988-L

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**Description of Work HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYSTEM, 3.5TON HP SPLIT SERVICES 1ST FLOOR, DUCTWORK 1500 SQ FT, CRAWLSPACE/OUTSIDE, RECONNECT ELECTRICAL

CAROLINA COMFORT AIR INC

919-550-7711

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

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

Address \_\_\_\_\_ Email Address \_\_\_\_\_

29077

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 &amp; 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

07/11/2025  
Date

#### Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

       General Contractor           Owner      X   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:

  X   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: 07/11/2025