



Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: 9/28/20

Site Address: 300 WILLOWCROFT COURT DUNN NC Phone: _____

Subdivision: LETHA LAUREL Lot: 5

Description of Proposed Work: CONSTRUCTION POOL HOUSES Total Job Cost: \$165,000.00

General Contractor Information

JEREMY M. STRICKLAND _____ Telephone 910-890-2160

Building Contractor's Company Name _____
1330 LANE ROAD, DUNN NC 28334 _____
Address _____ Email Address jmstricklands83@yahoo.com

51550 _____ HEATED SQ FT 768 GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work NEW ELECTRICAL Service Size: 100 Amps T-Pole: Yes No

RST ELECTRICAL _____ Telephone 919-291-8746

Electrical Contractor's Company Name _____
3432 JAMES MILL RD, ANTON NC 27501 _____
Address _____ Email Address _____

26202-1 _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work NEW HVAC _____ Telephone 910-242-2941

RANDY LEE JACKSON _____
Mechanical Contractor's Company Name _____

100 N. 13TH ST. SUITE 15N ERWIN NC _____
Address 28339 _____
H-3-1 18512 _____
License # _____

Plumbing Contractor Information

Description of Work NEW PLUMBING # Baths 1 Telephone 919-915-0533

JEREMY WOLFORD / WOLFORD PLUMBING _____
Plumbing Contractor's Company Name _____

865 JENNIFER LOOP RD, DUNN NC 28334 _____
Address _____ Email Address _____

30747-PI _____
License # _____

Insulation Contractor Information

PARKER BROS, INC. _____ Telephone 910-990-5928

Insulation Contractor's Company Name & Address _____

***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.


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

9/28/20
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:  Date: 9/28/20