



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: Johanna Miller Date 04-06-2021  
Site Address: 549 Word Church Lane Phone 910-890-7911  
Subdivision: N/A 5285f Lot # 32  
Description of Proposed Work: CONSTRUCT SUNK ROOM PER PLAN Total Job Cost \$ 21,120.00

**General Contractor Information**

John Campbell Builders 910-237-3529  
Building Contractor's Company Name Telephone  
613 Southview Fayetteville NC 28311 JCBLDERS@GMAIL.COM  
Address Email Address  
31430 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_  
License #

**Electrical Contractor Information**

Description of Work Wire per Code Service Size: 200 Amps T-Pole:  Yes  No  
Anderson's Electrical 772-204-4439  
Electrical Contractor's Company Name Telephone  
P.O. Box 142 Spring Lake NC 28390 AndersonElectrical@gmail.com  
Address Email Address  
31675  
License #

**Mechanical/HVAC Contractor Information**

Description of Work INSTALL Heat / air Condition per Code  
All American Heating and Air (910) 865-9001  
Mechanical Contractor's Company Name Telephone  
215 E Broad ST ST Pauls NC 28384  
Address Email Address  
33359  
License #

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

A-1 INSULATION P.O. Box 180 Hope Mills 910-429-2990  
Insulation Contractor's Company Name & Address NC 28348 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.

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

03-26-2021  
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: John Campbell President

Date: 03-26-2021