



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: Allums Investment Group Inc Date 8/4/22  
Site Address: 710. N Hillside Drive, Spring lake 28390 Phone 910.977.3900  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: <sup>Re-</sup> Finish Basement Total Job Cost 18,000.00

**General Contractor Information**

Dwayne Fuller Peria - Drywall 910.651.0091  
Building Contractor's Company Name Telephone  
Fullerperia@gmail.com  
Address Email Address  
HEATED SQ FT 1200 GARAGE SQ FT NA

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

**Electrical Contractor Information**

Description of Work Add outlets to exterior walls Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Zips Electric 910.527.9404  
Electrical Contractor's Company Name Telephone  
5211 Perry Oliver Drive, Hope Mills zipselectric@gmail.com  
Address Email Address  
21119  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work DIY New exterior unit - duct work remains same  
Nichols Livingston - DCL Heating & air 910.988.8763  
Mechanical Contractor's Company Name Telephone  
Address Email Address  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumbing existing - not sure age # Baths \_\_\_\_\_  
Plumbing existing - not sure age 910.988.8763 dma  
Plumbing Contractor's Company Name Telephone  
Address Email Address  
License # \_\_\_\_\_

**Insulation Contractor Information**

Dwayne Fuller Peria - Insulation 910.651.0091  
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.

*Joseph Alles*  
Signature of Owner/Contractor/Officer(s) of Corporation

8/4/22  
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: *Joseph Alles*

Date: 8/4/22