



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: Jay's Properties Date 9-12-2022  
Site Address: 77 Mechanical Dr. Phone 631-896-4194  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: Replace sheetrock & Insulation, base carpet Total Job Cost 14,008.00

**General Contractor Information**  
Corporate Military Contracting Inc 252-503-0720  
Building Contractor's Company Name Telephone  
2013 Olde Resort way, Lillington NC Corporate military contracting  
Address Email Address smart.com  
45389 HEATED SQ FT 600 GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**  
Description of Work Replace Electrical Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
Anderson Electric Telephone (910) 224-6969  
Electrical Contractor's Company Name  
P.O. Box 142 Sping Lake NC Email Address andersanelectrical@mail.com  
Address 28390

License # \_\_\_\_\_  
**Mechanical/HVAC Contractor Information**  
Description of Work N/A  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

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

**Insulation Contractor Information**  
Corporate Military Contracting Inc 252-503-0720  
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.

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

9/12/2022  
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:

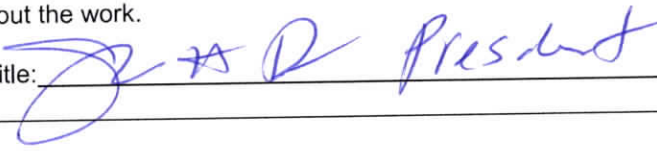
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  President Date: 9-2-2022

# Payment Receipt Confirmation

Your payment was successfully processed

## Transaction Summary

Description	Amount
NC Liens	\$30
Total Amount Paid	\$30

## Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
RESAPPT	Appointment of Lien Agent (1-2 Family Dwelling) - Entry Number: 1771596	\$30	1	\$30
			TOTAL	\$30

Customer Information		Payment Information	
Customer Name	James A Davis	Payment Type	Electronic Check
Local Reference ID	583580	Billing Name	James A Davis
Receipt Date	9/12/2022	Account Number	*****8713
Receipt Time	10:05:12 AM EDT	Order ID	49315515

Billing Information		Phone Number	2525030720
Billing Address 1	2013 Olde Regent Way Ste 150	Fax Number	
Billing Address 2	Box 102		
Billing City, State	Leland, NC		
Zip/Postal Code	28451		
Country	US		