



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: Hexa Investors LLC Date 11-9-22

Site Address: 6660 McDougald rd Lillington NC Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: interior rehab, Add 1 bath & 1 bed Total Job Cost 28000.00

General Contractor Information

GFD Builders LLC
Building Contractor's Company Name

910 237 6060
Telephone

4467 Doc Bennett rd Fayetteville
Address

iamgfd100@gmail.com
Email Address

85109
License #

HEATED SQ FT

GARAGE SQ FT

Electrical Contractor Information

Description of Work New wiring Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work New system

Peak City Heating & Air
Mechanical Contractor's Company Name

919 362 0020
Telephone

1041 Investment Blvd Apex NC 27502
Address

jody@peakcitycomfort.com
Email Address

H3-33663
License #

Plumbing Contractor Information

Description of Work Added new bathroom at new Master room # Baths _____

Joseph Warren Meads
Plumbing Contractor's Company Name

336 516 5521
Telephone

8049 Cable Mill rd Snow Camp NC 27349
Address

Meadsjoet24@gmail.com
Email Address

29344
License #

Insulation Contractor Information

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

11-9-22
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: 

Date: 11-9-22