



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: Charles & Debra Beirne Date: 12/6/2023

Site Address: 18 Pinedge Cove Sanford 27332 Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Addition to expand Living room Total Job Cost: _____

General Contractor Information

M&D Construction
Building Contractor's Company Name

910-978-8125
Telephone

2206 Hope Mills Rd, Fay, 28304
Address

sales@mndbuild.com
Email Address

86745 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

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

Zips Electrical LLC
Electrical Contractor's Company Name

910-527-9404
Telephone

5211 Perry Oliver Drive, Hopemills
Address

Email Address

L. 21119
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Performance Heating & Air
Mechanical Contractor's Company Name

910-273-1836
Telephone

6700 Darryl Lane, Wade
Address

Email Address

L. 29759
License #

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor Information

Same as General
Insulation Contractor's Company Name & Address

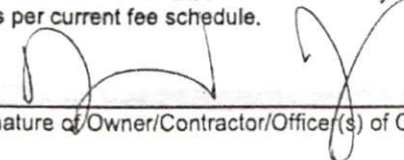
910-978-8125
Telephone

*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

12/6/23
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:

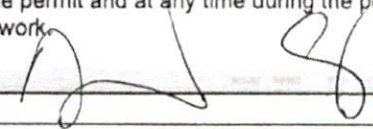
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 12/6/23