

\$ 125.00 Approx.



Harnett COUNTY NORTH CAROLINA

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: Sanford District Parsonage Date 03/05/2024
Site Address: 818 Tim Currin Rd Lillington, N.C. 27546 Phone 919-770-3218
Subdivision: _____ Lot # 3 and 4
Description of Proposed Work: Renovating older home Total Job Cost 37,878.00

General Contractor Information

Cleo Blue 919-770-3218
Building Contractor's Company Name Telephone
7601 Nicholson Rd Sanford, N.C. 27332 blueassc@windsream.net
Address Email Address
NONE HEATED SQ FT 1,695 GARAGE SQ FT 348
License #

Electrical Contractor Information

Description of Work Replacing receptacles Service Size: 200 Amps T-Pole: Yes No
and light switches and some fixtures 919-770-3548
Electrical Contractor's Company Name Telephone
M B T Electrical Contractor mtelectric@windstream.net
Address 778 Buckhorn Road Sanford, N.C. Email Address
27919-LE 27330
License #

NC

Mechanical/HVAC Contractor Information - gas Co.

Description of Work Interior gas piping
Hunter oil - propane 919-775-5651
Mechanical Contractor's Company Name Telephone
1203 S. Horner Blvd Sanford NC richardhunteroil@gmail
Address Email Address
22196
License #

Plumbing Contractor Information

Description of Work Replacing clean water supply # Baths 02
Donald Capps Plumbing & Repair 919-499-5185
Plumbing Contractor's Company Name Telephone
511 Benhaven Road Sanford, N.C. 27330 NONE
Address Email Address
8525
License #

Insulation Contractor Information

NA 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.

Cleo D. Blue
Signature of Owner/Contractor/Officer(s) of Corporation

03/05/2024
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: Cleo D. Blue

Date: 3/05/2024