

Application # \_\_\_\_\_\_

Harnett County Central Permitting

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## Application for Residential Building and Trades Permit

Owner's Name: Sanford investment homes LLC	Date 02-11-2025
Site Address: 427 Cameron hill rd Cameron no	-28326 Phone 910-964-4740
Description of Proposed Work: adding bonus room and deck	Total Job Cost \$32,000
General Contractor Information	
	910 964-11740
Building Contractor's Company Name	910-964-4740 Telephone
A-ahB	2009-000 [00000000000
Address	Email Address
HEATED SQ FT GARAGE SQ	FT
License #	
Electrical Contractor Information	1
Description of Work Reconcition all Wire and Service Size:  San Ford Insuestment homes Lee everithing  Electrical Contractor's Company Name	Amps T-Pole:YesNo
Sanpord insvestment homes lee everithing	
Electrical Contractor's Company Name	Telephone
ANCOR	
Address	Email Address
License # AFR	
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work 1 Line New Hrac mecanical	
1	The state of the s
Mechanical Contractor's Company Name	Telephone
APPhR	
Address	Email Address
	1 -1 1
License # add Planing to bonus room but	Iron unet 7 toilet
Plumbing Contractor Information	1 1 sink and shower
Description of Work Just conect everytans to Finish	_# Baths
Say Ford investment homes Lic	
Plumbing Contractor's Company Name	Telephone
ARTHIS	
Address	Email Address
<del></del>	
License #	
Insulation Contractor Information	<u> </u>
Insulation Contractor's Company Name & Address wall and	Telephone
Install New Insulation affice	Telephone
111-1711 1/00 11/50/9 1/00 4/1/C 9	ny axtende

\*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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below-I have obtained all subcontractors</a> permission to obtain these permits and if <a href="any-changes">any-changes</a> 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.

Artehors 02-11-2025		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor $A \subset A$ Owner Officer/Agent of the Contractor or Ov	vner	
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:	-11-7023	