

RESIDENTIAL BUILDING APPLICATION

Site Address: 419 Roberts Rd Wines **PIN:** 9586-47-9151.000
Owner: Ronald Wines **Phone:** 240-808-9049 **Email:** winesr4@gmail.com
Description of Proposed Work: Attached 11'x41' pergola, 5x9 attached half bath, attached 3x5 pool storage shed **Total Job Cost:** 99,500

GENERAL CONTRACTOR INFORMATION

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

JA Hart Construction 919-777-0999
General Contractor's Company Name Phone
3408 Lee Ave, Sanford, NC 27332 sharoncoe@jahartconstruction.com
Address Email
81140
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wiring for ceiling fans & mini split Service Size: _____ Amps T-Pole: YES ☐ NO ☒
Jackson & Sons Electric, LLC 919-352-8071
Electrical Contractor's Company Name Phone
2007 S Shoreline Dr, Sanford, NC 27330 jacksonbrent25@yahoo.com
Address Email
31434
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Wiring for ceiling fans and mini split
AirRich 910-245-3301
Mechanical Contractor's Company Name Phone
PO Box 356, Cameron, NC 28326
Address Email
30049
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Unconditioned attached half bath # of Fixtures: 2
McLymore Plumbing 919-356-7100
Plumbing Contractor's Company Name Phone
5783 Lemon Springs Rd, Sanford, NC 27330 rpmclymore@windstream.net
Address Email
30617
License #

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer of Corporation

7-21-25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.


Signature of Owner/Contractor/Officer of Corporation

7-21-25
Date