

~~Entry # 100-226~~  
Old Republic National Title Ins.

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Ronald R. & Jewel L LeBrun Date: \_\_\_\_\_  
Site Address: 255 Deer Path Farms Rd Erwin NC 28339 Phone: 910-987-2981  
Subdivision: DEER PATH FARMS Lot: 6  
Description of Proposed Work: 12x26' Sunroom Addition Total Job Cost: 30,000.00

**General Contractor Information**

MJW General Contractor Inc 919-669-3180  
Building Contractor's Company Name Telephone  
1600 S Elm Ave Dunn, NC 28334 mjw@610@gmail.com  
Address Email Address  
535904L  
License #

**Electrical Contractor Information**

Description of Work w/ 12x26' Addition Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
S & A Electric 919-868-8664  
Electrical Contractor's Company Name Telephone  
181 Hawley Ridge Lane Dunn NC 28334  
Address Email Address  
27070-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work add 6 floor Res.  
Certified Heating & AC 910-858-0092  
Mechanical Contractor's Company Name Telephone  
207 David Parrnell St Parkton, NC 28371  
Address Email Address  
20012  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Tri City of Fayetteville 910-778-5195  
Insulation Contractor's Company Name & Address Telephone  
334 Mountain Dr Fayetteville NC

**\*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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

8/18/20  
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: *Mike Owner*

Date: 8/18/20