



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: Johanna Miller Date 04-06-2021
Site Address: 549 Word Church Lane Phone 910-890-7911
Subdivision: N/A Lot # 32
Description of Proposed Work: CONSTRUCT a garage per plan with Bonus Room above Total Job Cost \$40,014.00

General Contractor Information

John Campbell Builders INC 910 237-3529
Building Contractor's Company Name Telephone
613 Southview Circle Fayetteville NC JCBLdrs@gmail.com
Address Email Address
31430 Bonus Rm
License # HEATED SQ FT 422 GARAGE SQ FT 631

Electrical Contractor Information

Description of Work Wire Garage & Bonus Rm Service Size: 150 Amps T-Pole: Yes No
Anderson's Electrical 772-204-4439
Electrical Contractor's Company Name Telephone
P.O. Box 142 Spring Lake NC 28390 AndersonElectrical@gmail.com
Address Email Address
31675
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL Heating and Air Conditioning in Bonus Room
All American Heating and Air 910-865 9001
Mechanical Contractor's Company Name Telephone
215 E Broad ST ST Pauls Heating
Address
33359
License #

Plumbing Contractor Information

Description of Work Plumb Bonus Room # Baths 1
Anderson's Plumbing 772-204-4439
Plumbing Contractor's Company Name Telephone
1030 Riverside DR Spring Lake NC
Address
34162
License #

Insulation Contractor Information

A-1 INSulation P.O. Box 180 Hope Mills NC 910-429-2990
Insulation Contractor's Company Name & Address Telephone
28348

*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.

John Campbell

Signature of Owner/Contractor/Officer(s) of Corporation

03-26-2021
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: *John Campbell President*

Date: 03-26-2021