



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: Holly Meacham Date 1-20-2022

Site Address: 476 Basket Oak Dr Bunnlevel NC 28323

Phone 1-757-692-8295

Subdivision: Forest Oaks Lot 131

Description of Proposed Work: Closet/ new bathroom Total Job Cost \$25,000.00

General Contractor Information

Jason B. Buie Construction 919-695-6370
Building Contractor's Company Name Telephone

P.O. Box 612 Buies Creek NC 27506 buiebuilt@gmail.com
Address Email Address

50308 **HEATED SQ FT** 123 **GARAGE SQ FT** 400
License #

Electrical Contractor Information

Description of Work Add outlets/ fixtures Service Size: 200 Amps T-Pole: Yes x No

On Time Services 919-669-7209

Electrical Contractor's Company Name Telephone

1140 NC 55 E Coats NC 27521 ontimeservices.paul@gmail.com
Address Email Address

24450-L
License #

Mechanical/HVAC Contractor Information

Description of Work vent bath fan

J&M Heating and Air Conditioning 919-291-0376
Mechanical Contractor's Company Name Telephone

724 Turlington Rd Dunn NC 28334 jandmhvac@centurylink.net
Address Email Address

17164
License #

Plumbing Contractor Information

Description of Work new shower/toilet/ vanity # Baths 1

Wallace Pipe SolutionsLLC 919-912-7400
Plumbing Contractor's Company Name Telephone

4046 Hockaday Rd Four Oaks NC 27524 wallacepipesolutions@gmail.com
Address Email Address

Lic# 34976

Insulation Contractor Information

Tri City Insulation 3154 Camden Rd ste 1 Fayetteville NC 28306 910-486-8855
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.

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

1-20-2022
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: _____ Jason Buie _____ Date: 1-20-22