



Application # _____

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

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

Application for Residential Building and Trades PermitOwner's Name: Steven Jackson Sr Date 3-18-25Site Address: 210 Maplewood Dr Sanford NC 27332 Phone 919-888-3496

Subdivision: _____ Lot _____

Description of Proposed Work: Fixing Hvac Ele panel Insulation. Total Job Cost 15,000.**General Contractor Information**Building Contractor's Company Name Showcase Restoration IncTelephone 910-864-0911Address 125 Drake St Fayetteville NC 28301Email Address ap@911showcase.comLicense # 60267HEATED SQ FT 3,881.13 GARAGE SQ FT N/A**Electrical Contractor Information**Description of Work Fixing Electrical panel Service Size: 200 Amps T-Pole: ☐ Yes ☒ No

Electrical Contractor's Company Name _____

Telephone 910-723-3293Address 816 Camwheel Dr Hopemills NC

Email Address _____

License # 26627-L**Mechanical/HVAC Contractor Information**Description of Work Changing Ductwork unitMechanical Contractor's Company Name Performance Heating & Air.Telephone 910-273-1836Address 6700 Darryl Lane Wade NC 28395

Email Address _____

License # 29759-H2&H3.**Plumbing Contractor Information**

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor InformationInsulation Contractor's Company Name & Address Cumberland Insulation CO IncTelephone 910-484-7118***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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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.

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

3-18-25
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

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: Jonathan Davis Date: 3-18-25