

RESIDENTIAL BUILDING APPLICATION

Site Address: 347 Shue Rd Broadway NC PIN: _____

Owner: Austin Roberts Phone: 919-352-2643 Email: Anna.m.roberts22@gmail.com

Description of Proposed Work: 1 bedroom 1 bathroom addition Total Job Cost: TBD

GENERAL CONTRACTOR INFORMATION

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

Austin Roberts (owner)	919-352-2643
General Contractor's Company Name	Phone
347 Shue Rd Broadway NC	Anna.m.roberts22@gmail.com
Address	Email
N/A	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Adding power to addition from current supply	Service Size: 200 Amps	T-Pole: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CJS Electrical Company	919-353-2466	
Electrical Contractor's Company Name	Phone	
1011 S 3rd St Sanford NC	Cjselectric@spectrum.net	
Address	Email	
23795-L		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Connecting existing heat/air to addition	
Collins Heating and Air Conditioning	919-498-4830
Mechanical Contractor's Company Name	Phone
9490 Old US HWY 421 Broadway NC	N/A
Address	Email
8276	
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: Hooking addition wastewater to new septic, tying water to existing	# of Fixtures: 5
Cox Brothers Plumbing	919-258-3622
Plumbing Contractor's Company Name	Phone
8301 Hillcrest Farm Rd Sanford NC	N/A
Address	Email
08644	
License #	

INSULATION CONTRACTOR INFORMATION

Insulating NC	919-776-4138
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

5/21/2025

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

5/21/2025

Date