



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: Nathan Bukner Date: 2-20-2021
Site Address: 42 SANDY PT SANFORD, NC 27332 Phone: 919-478-1833
Subdivision: Carolina Lakes Lot: 93
Description of Proposed Work: Kitchen + Bath Remodel Total Job Cost: \$75,000

General Contractor Information

VILLAGE DESIGN GROUP 910-692-1000
Building Contractor's Company Name Telephone
10700 S US Hwy 15-501 S. Pines, NC vrstone@villagedesigngroup.com
Address Email Address
74950 HEATED SQ. FT. 2998 GARAGE SQ. FT.
License #

Electrical Contractor Information

Description of Work Kitchen Remodel Service Size: _____ Amps T-Pole: Yes No
M R STONER 919-774-8877
Electrical Contractor's Company Name Telephone
3216 Hawkins Ave Sanford, NC info@mrstoneelectric.com
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License #

Plumbing Contractor Information

Description of Work Bath Remodel # Baths 1
Fix It Plumbing 919-776-7870
Plumbing Contractor's Company Name Telephone
PO Box 2416 Sanford, NC 27331 fixitplumbing95@gmail.com
Address Email Address
License #

Insulation Contractor Information

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.

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

1-29-2021
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: *Vicini Stone* president Date: 1-29-2021