



Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # _____

* 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: Clay Hamilton Date: 3-14
 Site Address: 2238 Hwy 82 Dunn Phone: _____
 Subdivision: NA Lot: _____
 Description of Proposed Work: Living Rm + carpet addition Total Job Cost: 144,000.00

General Contractor Information

Shane Higgins _____ Phone: 919-669-9066
 Building Contractor's Company Name Telephone
1270 shade tree road Benson 27204 Email Address: higginsconstruction72@gmail.com
 Address
80417 HEATED SQ FT 678 GARAGE SQ FT _____
 License #

Electrical Contractor Information

Description of Work: living rm addition wiring Service Size: 200 Amps T-Pole: Yes No
R A Jackson Elect _____ Telephone: 894-5867
 Electrical Contractor's Company Name Telephone
9261 Raleigh Rd Benson Email Address: RAJacksonelect@aerentary.net
 Address
31144 License # _____

Mechanical/HVAC Contractor Information

Description of Work: HVAC
J & M Heating + A/C, INC _____ Telephone: 910-897-5501
 Mechanical Contractor's Company Name Telephone
724 Turlington Rd. Dunn, NC Email Address: jandmhvaccenturylink.net
 Address 28334
17164 License # _____

Plumbing Contractor Information

Description of Work: fan hot + cold outside faucet # Baths: 0
Ken Olive Plumbing _____ Telephone: 919-524-2659
 Plumbing Contractor's Company Name Telephone
176 Kenan Rd Four Oaks, NC Email Address: Kolive90@gmail.com
 Address 27524
24279 License # _____

Insulation Contractor Information

Friends Insulation _____ Telephone: 919-291-2438
 Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots • new growth



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.

Shan [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

3-14-22
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: Shan [Signature] owner

Date: 3-14-22