



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: ASHLEY + BRENDA REID Date 7/21/22
Site Address: 18 TWIN OAKS DRIVE, ANGIER, NC 27501 Phone (919) 812-4678
Subdivision: TWIN OAKS ESTATES Lot 1
Description of Proposed Work: MASTER SUITE ADDITION Total Job Cost \$95,000.00

General Contractor Information

VUNCANNON & SONS BUILDERS, INC. (919) 255-8537
Building Contractor's Company Name Telephone
112 STRICKLAND LANE, LILLINGTON, NC 27546 ZNC@VUNCANNONANDSONS
Address Email Address BUILDERSINC.COM.
85590 HEATED SQ FT 400 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work ELECTRICAL PER DRAWINGS Service Size: _____ Amps T-Pole: Yes No
MABRY'S ELECTRICAL SERVICE, INC. (919) 639-4837
Electrical Contractor's Company Name Telephone
731 MABRY ROAD, ANGIER, NC 27501 AMBER@MABRYELECTRICAL.COM
Address Email Address
U.15077
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC PER DRAWINGS
J+M HEATING AND AIR CONDITION CO., INC. (910) 897-5501
Mechanical Contractor's Company Name Telephone
724 TURLINGTON ROAD BUSTERSTONE@CENTURYLINK.NET
Address Email Address
L.17164
License #

Plumbing Contractor Information

Description of Work PLUMBING PER DRAWINGS # Baths 1
STEVEN STANLEY PLUMBING, LLC (919) 291-5648
Plumbing Contractor's Company Name Telephone
918 E SANDERS STREET, FOUR OAKS, NC 27524 STEVENSTANLEYPLUMBING1@GMAIL.COM
Address Email Address
L. 20013
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.

Judy W. Lobe
Signature of Owner/Contractor/Officer(s) of Corporation

7/21/22
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: Judy W. Lobe, PRESIDENT

Date: 7/21/22