



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: Damon Long Date: 09/18/24
Site Address: 105 Mulberry Lane Dunn, NC 28334 Phone: 631-459-3538
Subdivision: _____ Lot: _____
Description of Proposed Work: Remodel & frame existing room into master suite Total Job Cost: 28,020

General Contractor Information

B & K Property Solutions, LLP 910-624-7210
Building Contractor's Company Name Telephone
2640 oak forest Rd Four Oaks, NC 6K property solutions2023@gmail.com
Address 27524 Email Address
HEATED SQ FT 1524 GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work Light fixtures, outlets, switches, Panel box Service Size: 200 Amps T-Pole: Yes No
ZIPS Electric (910) 527-9404
Electrical Contractor's Company Name Telephone
5211 Perry driver dr Hope Mills zips.electric@gmail.com
Address Email Address
6.21119
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Plumbing Contractor Information

Description of Work Plumbing in master bathroom # Baths 1
Arman Plumbing LLC (Bryce Arman) 910 818 3244
Plumbing Contractor's Company Name Telephone
1606 crescent dr, spring lake nc arman plumbing.office@gmail.com
Address Email Address
3621
License # _____

Insulation Contractor Information

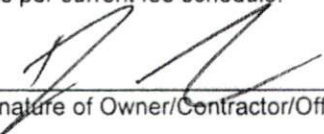
N/A _____
Insulation Contractor's Company Name & Address Telephone

*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.



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

09/18/24

 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.

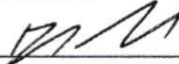
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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:  (GC) company owner Date: 09/18/24