



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 PermitOwner's Name: Kenneth & Billie McLamb Date: _____
Site Address: 108 3RD St., Erwin NC 28339 Phone: 919-820-2296

Subdivision: _____ Lot: _____

Description of Proposed Work: Remodel - Wiring, Plumbing, Insulation, Sheetrock Total Job Cost: 20,000Samuel Wilkins 919-868-7488
Building Contractor's Company Name Telephone901 Marler Rd., Benson NC 27504 _____
Address Email Address35063 HEATED SQ FT _____ GARAGE SQ FT _____
License #**Electrical Contractor Information**Description of Work: Rewire Service Size: _____ Amps T-Pole: Yes ☒ NoJustin L. Langdon Electrical Contractor LLC 919-868-3551
Electrical Contractor's Company Name Telephone5151 NC Hwy. 242 S., Dunn NC 28334 _____
Address Email Address28595L
License #**Mechanical/HVAC Contractor Information**Description of Work: N/A

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Plumbing Contractor InformationDescription of Work: _____ # Baths: 1Herring Plumbing LLC 910-514-7807
Plumbing Contractor's Company Name Telephone1080 Beedy Prong Ch. Rd., Newton Grove NC _____
Address 28366 Email Address36262
License #**Insulation Contractor Information**FRANKIE GARCIA 919-422-2765
Insulation Contractor's Company Name & Address Telephone

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

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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.

Bullie McLaughlin

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

4/03/2025

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

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:

Bullie McLaughlin / Owner

Date:

4/03/2025