

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: A&G Residential LLC	Date: 4/1/2024
Site Address: 79 Mossy Bridge Ct Lillington NC 27546	Phone: 910-779-0229
Subdivision: Jones Creek	Lot: 016
Description of Proposed Work: New Single Family Dwelling	Total Job Cost:
General Contractor	Information
A&G Residential LLC	910-779-0229
Building Contractor's Company Name Telephone	
216 Arsenal Ave Suite B Fayetteville NC 28305 anastasia@agresidentialnc.com	
Address	Email Address
80672L HEATED SQ FT 1629	GARAGE SQ FT 415
License #	
Electrical Contracto	r Information
	ervice Size: 200 Amps T-Pole: x Yes No
JM Pope Electric	910-890-3655
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330	Marshallpope74@gmail.com
Address	Email Address
21326L	
License # Mechanical/HVAC Contra	actor Information
<u>-</u>	actor information
Description of Work Single Family HVAC	040 550 7744
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name Telephone	
PO Box 190 Clayton NC 27528	
Address	Email Address
29077	
License # Plumbing Contracto	r Information
Description of Work Single Family Plumbing	# Baths2
	919-902-0990
Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn NC 28335	business@titansplumbing.com
Address	Email Address
34800	
License # Insulation Contracto	r Information
Tricity Insulation & Building Products	
Insulation Contractor's Company Name & Address	<u>910-486-8855</u> Telephone
modiation contractor a company maine & Address	releptione

*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.

is as per current fee schedule.	Aller 2 years re-issue lee	
Signature of Owner/Contractor/Officer(s) of Corporation 4/1/2024 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner x Officer/Agent of the Co	ntractor 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:		
X Has three (3) or more employees and has obtained workers' compensation	n insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compentation.	nsation insurance to cover	
X 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: Anastasia Dailey - Construction Coordinator	Date: 4/1/2024	