



Application # SFD1810-0006

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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: JOSH STURTZ HOMES Date: 10-31-18
Site Address: 221 Willowcroft Ct; Dunn NC 28334 Phone: 910-797-1695
Subdivision: Leigh Laurel Lot 23 Lot: 23
Description of Proposed Work: BUILD SINGLE FAMILY HOME

General Contractor Information

JOSH STURTZ HOMES LLC 910-797-1695
Building Contractor's Company Name Telephone
531 SHAWCROFT Rd; FAT NC 28311 teamsturtz@gmail.com
Address Email Address
79742
License #

Electrical Contractor Information

Description of Work WIRE SINGLE FAMILY HOME Service Size: 200 Amps T-Pole: Yes No
BUFORD ELECTRIC 910-723-1937
Electrical Contractor's Company Name Telephone
2978 Gillespie St; FAT NC 28304 bufordelectric@gmail.com
Address Email Address
31424-4
License #

Mechanical/HVAC Contractor Information

Description of Work CAROLINA COMFORT AIR SINGLE FAMILY HOME
CAROLINA COMFORT AIR 910-339-2374
Mechanical Contractor's Company Name Telephone
703 N CLINTON AVE; DUNN NC 28334 logan.thompson@carolina.comfort
Address Email Address
29077 air.com
License #

Plumbing Contractor Information

Description of Work SINGLE FAMILY HOME # Baths 4
Vance Johnson Plumbing Co 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 Mid Pines Rd; FAT NC 28336 workrequest@vjplumbing.com
Address Email Address
7756-D-1
License #

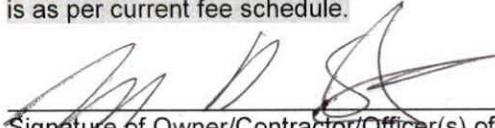
Insulation Contractor Information

Camberland Insulation 910-391-1528
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

10-31-18
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

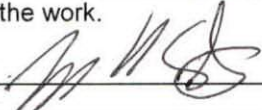
The undersigned applicant being the:

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:  PRESIDENT Date: 10-31-18