

LL22



Application # SFD1810-0007

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 LLC Date: 10-31-18  
Site Address: 279 Willowcroft Ct; Dan, NC 28334 Phone: 910-797-1695  
Subdivision: Leigh Laurel Lot: 22  
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; FAI, NC 28311 teamsturtz@gmail.com  
Address Email Address  
79742  
License #

**Electrical Contractor Information**

Description of Work WIRE SINGLE FAMILY Service Size: 200 Amps T-Pole:  Yes  No  
BUFORD ELECTRIC 910-723-1937  
Electrical Contractor's Company Name Telephone  
2978 Gillespie St; FAI, NC 28306 Bufordelectric@gmail.com  
Address Email Address  
31424-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC 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  
Address Email Address comfort  
29077 air.com  
License #

**Plumbing Contractor Information**

Description of Work PLUMB SINGLE FAMILY # Baths 5  
Vance Johnson Plumbing 910-424-6712  
Plumbing Contractor's Company Name Telephone  
3242 Mid Pines Rd; FAI, NC 28330 workrequest@vjplumbing.com  
Address Email Address  
7756-P-1  
License #

**Insulation Contractor Information**

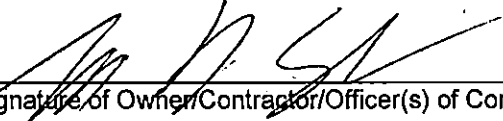
Cumberland Insulation 910-391-1528  
Insulation Contractor's Company Name & Address Telephone

\*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**

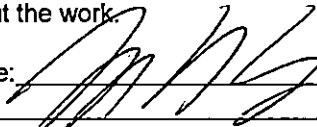
The undersigned applicant being the:

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