



Application # SFD1812-0035

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: Mohler Homes Inc. Date: \_\_\_\_\_  
Site Address: 104 Pointer Dr. Anger NC 27501 Phone: 910-221-9901  
Subdivision: Quail Glen Lot: 22  
Description of Proposed Work: New Residential

**General Contractor Information**

✓ Mohler Homes Inc. 910-221-9901  
Building Contractor's Company Name Telephone  
2148 Rim Rd, Ste 101  
Address Fayetteville NC 28314 Email Address lisaflanagan@mohlerinvestments.com  
72697  
License #

**Electrical Contractor Information**

12/21/18  
85  
Description of Work new service Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Buford Electric LLC 910-818-0994  
Electrical Contractor's Company Name Telephone  
948 Pan Drive, Hope Mills NC diane.bufordelectric@gmail.com  
Address 28348 Email Address  
314244  
License #

**Mechanical/HVAC Contractor Information**

✓ Description of Work new service  
Certified Heating + Air 910-858-0000  
Mechanical Contractor's Company Name Telephone  
PO Box 1070 Hope Mills NC certifiedheatair@gmail.com  
Address 28348 Email Address  
20012  
License #

**Plumbing Contractor Information**

✓ Description of Work new service # Baths \_\_\_\_\_  
Larry Lee Plumbing 910-635-7004  
Plumbing Contractor's Company Name Telephone  
7051 Crest St Fayetteville NC lleepinc@aol.com  
Address 28306 Email Address  
05274  
License #

**Insulation Contractor Information**

✓ TruTeam 910-486-8855  
Insulation Contractor's Company Name & Address Telephone  
334 E. Mountain Dr. Fay NC 28306

**\*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.**

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

1-17-19  
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: *Smoll* President Date: 1-17-19