



Application # SFD1903-0029

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: RYAN THOMAS Date: 7/9/19  
Site Address: 107 SCENIC WAY Phone: 919-548-0824  
Subdivision: \_\_\_\_\_ Lot: #4  
Description of Proposed Work: SINGLE FAMILY DWELLING 1500 SQ. FT (FOUNDATION)

**General Contractor Information**

Buckwin Construction & Development LLC 919-810-2591  
Building Contractor's Company Name Telephone  
P.O. Box 1922 DUNN N.C. 28335 buckwinconstruction@gmail.com  
Address Email Address  
75471

**Electrical Contractor Information**

Description of Work WIRING FOR SFD (1500 SQ. FT) Service Size: 200 Amps T-Pole:  Yes  No  
Parker's Electric 910-984-6810  
Electrical Contractor's Company Name Telephone  
167 STONEHENGE DR. DUNN N.C. 28334 parkerselectric2017@gmail.com  
Address Email Address  
31658

revised JD 11/14/19

**Mechanical/HVAC Contractor Information**

Description of Work 3RD Electric (HVAC) FOR SFD (1500 SQ. FT)  
Randy Lee Jackson 910-242-2927  
Mechanical Contractor's Company Name Telephone  
100 N. 13<sup>th</sup> Suite 15W Erwin rlj11172@gmail  
Address Email Address  
18512

**Plumbing Contractor Information**

Description of Work PLUMBING w/ SEPTIC / PUBLIC WATER # Baths 2  
L.R. Gover Plumbing 919-820-0026  
Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson N.C. 27504  
Address Email Address  
7958

**Insulation Contractor Information**

Cumberland Insulation 910-484-7118  
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

7/9/19  
\_\_\_\_\_  
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: Butch (President) GCEO LLC      Date: 7/9/19