

09/09/11

Application #

SFD 1904-0057

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

Application for Residential Building and Trades Permit

Owner's Name Michelle Faircloth Date _____
Site Address 1169 Lawrence Road, Broadway NC Phone 919) 906-4069
Directions to job site from Lillington 421 N- Turn right onto Holly Springs Church Road, Turn left onto Hollies Pine Road, left onto Lawrence Road - House on left
Subdivision _____ Lot _____
Description of Proposed Work SFD - new construction # of Bedrooms 1
Heated SF 600 Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab X

General Contractor Information

St Thomas Homes - Steve Thomas 919) 906-4069
Building Contractor's Company Name Telephone
PO Box 875 Broadway NC 27505 southernconcrete@windstream.net
Address Email Address
59452
License #

Electrical Contractor Information

Description of Work SFD new construction Service Size 200 Amps T-Pole Yes No
Wester & Pace Electrical 919) 499-3946
Electrical Contractor's Company Name Telephone
465 Leslie Rd. Sanford NC 27330 _____
Address Email Address
12007-V
License #

Mechanical/HVAC Contractor Information

Description of Work SFD - new construction
Affordable Heating & Air 919) 498-2791
Mechanical Contractor's Company Name Telephone
PO Box 326, Lemon Springs NC 28355 _____
Address Email Address
20046
License #

Plumbing Contractor Information

Description of Work New construction - SFD # Baths 1
Double J Plumbing 910) 814-7705
Plumbing Contractor's Company Name Telephone
82 Greenhouse Ct. Lillington NC 27546 _____
Address Email Address
21649
License #

Insulation Contractor Information

Tatum Insulation II, Inc 919) 661-0999
Insulation Contractor's Company Name & Address Telephone
519 Old Drug Store Road
Garner NC 27529

*NOTE General Contractor 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

John Thomas
Signature of Owner/Contractor/Officer(s) of Corporation

5-29-19
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

Company or Name Thomas Properties

Sign w/Title John Thomas / owner Date 5-29-2019