



Application # SFD1905-0011

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: \_\_\_\_\_ Date: \_\_\_\_\_  
Site Address: 371 Wynnridge Dr. Angier, NC 27501 Phone: \_\_\_\_\_  
Subdivision: Wynnridge Lot: 29  
Description of Proposed Work: New SFD

**General Contractor Information**

Homes by Michael Ford, LLC 919-553-1055  
Building Contractor's Company Name Telephone  
PO Box 9 Clayton, NC 27528 info@homesbyford.com  
Address Email Address  
73459  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
R. A. Jackson Electric, Inc. 919-894-5367  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Rd. Benson, NC 27504 rajacksonelectric@embargo.com  
Address Email Address  
21144  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Stephenson Heating & Air, Inc. 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Drive Garner, NC 27529 Stephensonhvac@aol.com  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2  
White's Plumbing, LLC 919-435-0736  
Plumbing Contractor's Company Name Telephone  
PO Box 1286 Youngsille, NC 27596 Whitesplumbingllc@gmail.com  
Address Email Address  
16941  
License #

**Insulation Contractor Information**

Tatum Insulation 519 Old Dux Stoc Rd. Garner, NC 919-661-0999  
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

6/25/19  
\_\_\_\_\_  
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:

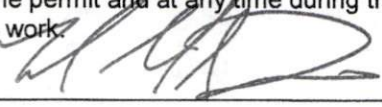
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  \_\_\_\_\_

Date: 6/25/19