



Application # SFD1905-0012

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: 287 Wynnridge Dr. Angier Phone: \_\_\_\_\_

Subdivision: Wynnridge Lot: 25

Description of Proposed Work: New SFD

**General Contractor Information**

Homes by Michael Ford, LLC  
Building Contractor's Company Name

919-553-1055  
Telephone

PO Box 9 Clayton, NC 27528  
Address

info@homesbyford.com  
Email Address

73459  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

R. A. Jackson Electric, Inc.  
Electrical Contractor's Company Name

919-894-5367  
Telephone

9261 Raleigh Rd. Benson, NC 27504  
Address

ra.jackson@earthlink.net  
Email Address

21144  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC

Stephenson Heating & Air, Inc.  
Mechanical Contractor's Company Name

919-329-0686  
Telephone

343 Shipwash Drive Garner, NC 27529  
Address

stephensonhvac@aol.com  
Email Address

18644  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths \_\_\_\_\_

White's Plumbing, LLC  
Plumbing Contractor's Company Name

919-435-0736  
Telephone

PO Box 1286 Youngsville, NC 27596  
Address

whitesplumbingllc@gmail.com  
Email Address

16941  
License #

**Insulation Contractor Information**

Tatum Insulation 519 Old Drug Store Rd. Garner, NC  
Insulation Contractor's Company Name & Address

919-661-0999  
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

7/3/19  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

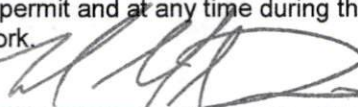
The undersigned applicant being the:

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:  Member \_\_\_\_\_ Date: 7/3/19 \_\_\_\_\_