

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: HABITAT FOR HUMANITY OF HARNETT COUNTY Date: 6-20-2019  
Site Address: 807 ROSEMARY STREET ERWIN, NC Phone: 919-669-2220  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: CONSTRUCT New Single Family Dwelling

**General Contractor Information**

HABITAT FOR HUMANITY OF HARNETT COUNTY INC. 919-669-2220  
Building Contractor's Company Name Telephone  
P.O. BOX 2157 DUNN, NC 28335 mblackmon1958@gmail.com  
Address Email Address  
81938 Limited Building  
License #

**Electrical Contractor Information**

Description of Work WIRING Single Family Dwelling Service Size: 200A Amps T-Pole:  Yes  No  
Byrd's Electrical AND Repair Service 919-894-3139  
Electrical Contractor's Company Name Telephone  
143 Mingo Road Benson, NC 27504 DOES NOT HAVE ONE  
Address Email Address  
L-20256  
License #

**Mechanical/HVAC Contractor Information**

Description of Work INSTALLING HVAC SYSTEM IN SFD  
Beasley's Heating & Air INC 919-894-2385  
Mechanical Contractor's Company Name Telephone  
57 W C Beasley Lane Coats NC 27504 beasleyshvac@aol.com  
Address Email Address  
L.09497  
License #

**Plumbing Contractor Information**

Description of Work INSTALLING Plumbing System in SFD # Baths 2  
Brent Adams Plumbing 919-669-7979  
Plumbing Contractor's Company Name Telephone  
507 SOUTH McLAMB Benson NC 27504 UNKNOWN  
Address Email Address  
17359  
License #

**Insulation Contractor Information**

VOLUNTEERS 919-669-2220  
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.**

*Mike Blackmon*

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

*6-20-2019*

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: *Mike Blackmon Executive Director*

Date: *06-20-2019*