



Application # \_\_\_\_\_

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.hamett.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: Raise The Roof Homes, LLC Date: 4-20-2020  
Site Address: NC Hwy 27 Broadway, N.C. 27505 Phone: 919-323-2674  
Subdivision: \_\_\_\_\_ Lot: 1  
Description of Proposed Work: New Construction Total Job Cost: \$170,000

**General Contractor Information**

JTC Homes Inc. (919) 649-2740  
Building Contractor's Company Name Telephone  
514 Daniels Street #256 ttre24@hotmail.com  
Address Raleigh, N.C. 27605 Email Address  
79133  
License #

**Electrical Contractor Information**

Description of Work New Construction Service Size: 200 Amps T-Pole:  Yes  No  
MSF Electrical Inc. 919-217-9767  
Electrical Contractor's Company Name Telephone  
2009 Eagle Rock Rd Wendell NC 27591 JimW@msfelectric.com  
Address Email Address  
30306-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONSTRUCTION  
LANDEN HEATING AND COOLING, INC 919-427-6055  
Mechanical Contractor's Company Name Telephone  
P.O. Box 400 ZEBULON, NC 27597 landenhvac@gmail.com  
Address Email Address  
31639  
License #

**Plumbing Contractor Information**

Description of Work New Construction # Baths 2  
AH Plumbing 919-622-0559  
Plumbing Contractor's Company Name Telephone  
8013 Mativresi St. Raleigh, NC 27616 Ahandyplumbing@gmail.com  
Address Email Address  
L29375  
License #

**Insulation Contractor Information**

Tri-City Insulation 7204 Becky Circle (919) 790-9684  
Insulation Contractor's Company Name & Address Raleigh, NC Telephone  
27615

\*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.

*Patricia Hall*  
Signature of Owner/Contractor/Officer(s) of Corporation

4-20-2020  
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: *Patricia Hall* Date: 4-20-2020