



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Keith Sears Date 3/11/25
Site Address: 565 Baptist Grove Rd. Fuquay Varina, NC 27526 Phone 919-795-3922
Subdivision: NA Lot NA
Description of Proposed Work: New Construction Total Job Cost ~~\$150,000~~ \$50,000

General Contractor Information

Robert W. Lee 984-444-1586
Building Contractor's Company Name Telephone
10293 Fayetteville Rd. Fuquay Varina, NC 27526
Address Email Address
72084 HEATED SQ FT 3498 GARAGE SQ FT 1023
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
J. Crabtree Electric 919-667-1600
Electrical Contractor's Company Name Telephone
103 Fleming St. Creedmoor, NC 27522 J.Crabtreeinc@yahoo.com
Address Email Address
20925
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Caryl Mechanical 704-387-5308
Mechanical Contractor's Company Name Telephone
5910 Stockbridge Dr. Monroe, NC 28110 lbyrd@carylmechanicals.com
Address Email Address
16647
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2 1/2
Romanoff Plumbing 919-665-1947
Plumbing Contractor's Company Name Telephone
2428 Reliance Ave. Apex, NC 27539
Address Email Address
29022
License #

Insulation Contractor Information

Tri City Insulation 919-665-8669
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.

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

2-22-25
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: Karl Shaw Date: 02/22/25

(K2)