



Application # SSD-1911-0008

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: David + Stacey Rossner Date: 1/31/2020  
Site Address: 435 Cedar Rock Trail, Fuquay Varina, NC Phone: 301-758-4572  
Subdivision: Cedar Rock 27526 Lot: 10  
Description of Proposed Work: SFD Total Job Cost: 475,000.  
(inc. LOT)

**General Contractor Information**

Strong Built Homes of NC, Inc 919-302-9766  
Building Contractor's Company Name Telephone  
5733 Hilltop Rd Fuquay Varina, NC 27526 lastrong@nc.rr.com  
Address Email Address  
62691

**Electrical Contractor Information**

Description of Work Single family, new Service Size: 400 Amps T-Pole:  Yes  No  
Dawson's Electric, Inc. 919-201-3846  
Electrical Contractor's Company Name Telephone  
609 Cotton Rd, Fuquay Varina, NC 27526 ndcoop11380@gmail.com  
Address Email Address  
L 25948

**Mechanical/HVAC Contractor Information**

Description of Work Single family, new const.  
Casey Services, Inc. 919-556-3338  
Mechanical Contractor's Company Name Telephone  
4900 Purnell Rd, Wake Forest, NC 27587 lois-caseyhvac@embarqmail.com  
Address Email Address  
L 0540

**Plumbing Contractor Information**

Description of Work Single family, new const # Baths 2 1/2  
Capps Plumbing 919-934-1976  
Plumbing Contractor's Company Name Telephone  
5586 US 301, Four Oaks, NC 27524 Cappsplg@gmail.com  
Address Email Address  
L18214

**Insulation Contractor Information**

Insulation, Inc 5902 Fayetteville Rd, Raleigh NC 919-772-9000  
Insulation Contractor's Company Name & Address Telephone  
27603

**\*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.**

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

1/31/2020  
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: JA Strong, Sec. Date: 1/31/2020