



Application # SFD1911-0011

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: Virginia Cameron Date: 4-8-20  
Site Address: 678 Benhaven School Rd. Sanford Phone: 919 906 4069  
Subdivision: → Lot: —  
Description of Proposed Work: Site built house Total Job Cost: 250,000.00

**General Contractor Information**

Thomas Properties 919 906 4069  
Building Contractor's Company Name Telephone  
PO 875 Broadway 27505 Southernconcrete@windstream.net  
Address Email Address  
59452

**Electrical Contractor Information**

Description of Work New Home Electric Service Size: 200 Amps T-Pole:  Yes  No  
Wester & Pace 919 499 3946  
Electrical Contractor's Company Name Telephone  
465 Leslie Rd Sanford 27330 Williamwester@gmail.com  
Address Email Address  
12007-U

**Mechanical/HVAC Contractor Information**

Description of Work New Home HVAC  
Affordable Heating & Air 919 770 3260  
Mechanical Contractor's Company Name Telephone  
PO Box 326 Lemon Springs HighFlying4x4@gmail.com  
Address Email Address  
20046

**Plumbing Contractor Information**

Description of Work New Home Plumbing # Baths 2  
Double J Plumbing 910 814 7705  
Plumbing Contractor's Company Name Telephone  
614 Byrd Rd. Bunnlevel 28323 JamizJohnsonplumbing@gmail.com  
Address Email Address  
21649

**Insulation Contractor Information**

Tatom Insulating 919 661 0999  
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.

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

3-24-20  
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: Steve Thomas

Date: 3-24-20

# Payment Receipt Confirmation

Your payment was successfully processed.

*Cameron*

*678 Benhauenschod Rd*

## Transaction Summary

Description	Receipt Confirmation	
	Amount	
Liens NC		\$30.00
Total Amount Paid		\$30.00

## Customer Information

<b>Customer Name</b>	<b>Receipt Date</b>
Steve Thomas	3/26/2020
<b>Company Name</b>	<b>Receipt Time</b>
Thomas Properties	12:06:27 PM EDT
<b>Local Reference ID</b>	
396546	

## Payment Info

<b>Payment Type</b>	<b>Account Number</b>
Electronic Check	*****5428
	<b>Order ID</b>
	47058652
	<b>Name on Account</b>
	Thomas Properties

## Billing Information

<b>Billing Address</b>	<b>Phone Number</b>
PO Box 875	9199064069
<b>Billing City, State</b>	
Broadway, NC	
<b>ZIP/Postal Code</b>	
27505	
<b>Country</b>	
US	

**This receipt has been emailed to the address below.**

**Email Address**  
southernconcrete@windstream.net