



Application # SFD-1912-0008

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: Sandy Frankum Date: \_\_\_\_\_  
Site Address: 191 claulphine st Furay 27520 Phone: 1770-265-8683  
Subdivision: Capitns landing Lot: \_\_\_\_\_  
Description of Proposed Work: \_\_\_\_\_ Total Job Cost: \_\_\_\_\_

**General Contractor Information**

Select Custom Builders LLC 919-819-0297  
Building Contractor's Company Name Telephone  
2474 Walnut St #225 Cary NC Tre@scbwake.com  
Address 27518 Email Address  
78279  
License #

**Electrical Contractor Information**

Description of Work New Home Service Size: 200 Amps T-Pole:  Yes  No  
Red elk electrical 919 895-2440  
Electrical Contractor's Company Name Telephone  
965 John Rosser rd Sanford Redelkelectric@gmail.com  
Address NC 27332 Email Address  
L32998  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home  
Sloan Service Company 984-238-5354  
Mechanical Contractor's Company Name Telephone  
1807 Capital Blvd Raleigh NC Joel@sloanservice.com  
Address 27604 Email Address  
32862  
License #

**Plumbing Contractor Information**

Description of Work New home # Baths 3  
AH Plumbing 8013 Matthews 919 662 0559  
Plumbing Contractor's Company Name Telephone  
12 Bellhaven dr Clayton NC AHandyplumbing@gmail.com  
Address 27395 29375 27520 Email Address  
License #

**Insulation Contractor Information**

Select custom builder LLC 919-819-0297  
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.

W. Miller M. Miller III 1-2-20  
 Signature of Owner/Contractor/Officer(s) of Corporation 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: W. Miller M. Miller III Date: 1-9-20