

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

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/occupier 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: 171 Dauphine St Phone: \_\_\_\_\_  
 Subdivision: Captains 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  
Tre @ scbwake.com  
 Address Email Address  
 License # **HEATED SQ FT** **GARAGE SQ FT**

**Electrical Contractor Information**

Description of Work New house Service Size: 200 Amps T-Pole: Yes No  
Griffin Service Company  
 Electrical Contractor's Company Name Telephone  
PO Box 731 Fuquay Varine NC 27526 Mike @ griffin service company  
 Address Email Address  
10345-U  
 License # Part  
.com

**Mechanical/HVAC Contractor Information**

Description of Work New house  
All Around Comfort Service LLC 919 498 0558  
 Mechanical Contractor's Company Name Telephone  
88 Pine needles dr Lillington NC 27546 allaroundcomfortllc@gmail.com  
 Address Email Address  
18350  
 License #

**Plumbing Contractor Information**

Description of Work New House # Baths \_\_\_\_\_  
All Around Comfort Service LLC 919-498-0558  
 Plumbing Contractor's Company Name Telephone  
88 Pine needles dr Lillington NC 27546 allaroundcomfortllc@gmail.com  
 Address Email Address  
18350  
 License #

**Insulation Contractor Information**

Select custom Builders 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.**

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

7-14-21  
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: \_\_\_\_\_ Date: \_\_\_\_\_