



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Stephenson Builders Inc. Date: 2-5-20
Site Address: 95 Morgan Farm Drive Lillington Phone: 919 730 7802
Subdivision: Morgan Farm Lot: 4
Description of Proposed Work: New Home

General Contractor Information

Stephenson Builders Inc 919 730 7802
Building Contractor's Company Name Telephone
460 Ashley Rd Fuquay 27526 drew@stephensonbuilders.com
Address Email Address
53004
License #

Electrical Contractor Information

Description of Work New Home Service Size: 200 Amps T-Pole: Yes No
Austin Dean Electrical Contractor 919 669 0063
Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd Fuquay 27526
Address Email Address
L 29839
License #

Mechanical/HVAC Contractor Information

Description of Work New Home
JC HVAC 919 552 3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work New # Baths 3.5
Camden Plumbing & Repair 919 557 1584
Plumbing Contractor's Company Name Telephone
7229 Oak Village Way Fuquay 27526
Address Email Address
18903
License #

Insulation Contractor Information

Stephens Bulck Supply 919 630 8365
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 of Owner/Contractor/Officer(s) of Corporation

2-5-20

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

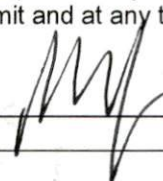
The undersigned applicant being the:

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:  President Date: 2-5-20