



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: JEFF PAYNE Date: 6/9/2020  
Site Address: 335 Hobby Rd. Phone: 919 612 0475  
Subdivision: \_\_\_\_\_ Lot: TR# 8A London  
Description of Proposed Work: new home const. Total Job Cost: 300K Chandler

**General Contractor Information**

Carlyle Construction Group LLC Telephone: 919/427-0494  
Building Contractor's Company Name  
2086 Wade Stephenson Rd Holly Springs NC 27540 Email Address: property@carlyle.com  
Address  
80015  
License #

**Electrical Contractor Information**

Description of Work new const. Service Size: 400 Amps T-Pole:  Yes  No  
Derck Beese Elect. Telephone: 919 779 9392  
Electrical Contractor's Company Name  
209 Gale Farm Ln Ral NC 27603 Email Address: beeseelectric@me.com  
Address  
22070-1  
License #

**Mechanical/HVAC Contractor Information**

Description of Work JL's Heating & AC Telephone: 919 552 3053  
Mechanical Contractor's Company Name  
1539 Wade Stephenson Rd. NC. 27540 Email Address: jchvac@gmail.com  
Address  
H-3 12655  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths: 3  
CAMDENS PLUMBING Telephone: 919 557 1584  
Plumbing Contractor's Company Name  
PO Box 1359 Fuquay Varina NC Email Address: camdensplumbing@aol.com  
Address  
18903  
License #

**Insulation Contractor Information**


Insulating Inc 5902 Fayetteville Rd Telephone: 919 772-9000  
Insulation Contractor's Company Name & Address Ral. NC

\*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

6/9/2020  
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: 

General Contractor

Date: 6/9/2020