

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.

Application for Residential Building and Trades Permit

Owner's Name J MATTHEWS BUILDER/DEVELOPER LLC Date 2/14/20
Site Address 3173 CAROLINA WAY SANFORD, NC 27332 Phone 919-291-1104
Directions to job site from Lillington into CJK Subdivision TJK on Carolina Way 2 miles on left

Subdivision CAROLINA LAKES Lot 495 R
Description of Proposed Work SFD # of Bedrooms 4
Heated SF 2435 Unheated SF 1011 Finished Bonus Room? Crawl Space Slab

General Contractor Information

J MATTHEWS BUILDER/DEVELOPER LLC 919-291-1104
Building Contractor's Company Name Telephone
782 PENNY RD. ANAHER, NC 27501 jdmatthews056@gmail.com
Address Email Address
65214

License #

Electrical Contractor Information

Description of Work SFD Service Size 200 Amps T-Pole Yes No
RST ELECTRIC 919-894-3907
Electrical Contractor's Company Name Telephone
3376 ZACK'S MILL RD. ANAHER, NC 27501
Address Email Address
22446-L

License #

Mechanical/HVAC Contractor Information

Description of Work SFD
CERTIFIED HEATING & AIR CONDITIONING 910-858-0800
Mechanical Contractor's Company Name Telephone
PO BOX 1071 HOPE MILLS, NC 28348
Address Email Address
20012

License #

Plumbing Contractor Information

Description of Work SFD # Baths _____
GILBERT PLUMBING CO. 910-214-1274
Plumbing Contractor's Company Name Telephone
1638 TIMOTHY RD. DUNN, NC 28334
Address Email Address
10929

License #

Insulation Contractor Information

TRI-CITY INS. 910-486-8855
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor 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

James D. Matthews

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

2/14/20

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

Company or Name J MATTHEWS BUILDER/DEVELOPER LLC

Sign w/Title James D. Matthews gen-manager Date 2/14/20