



Change
of
Cont.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # _____

* 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: Jesus Macis Leon Date: 12-4-2020
Site Address: 31 Thornton's Creek Dr. Erwin, N.C. 28339 Phone: 910-920-8562
Subdivision: Thornton's Creek Lot: 1
Description of Proposed Work: New Home Total Job Cost: 185,000.00

General Contractor Information

Stand Sure Custom Homes, Inc 910-890-6820
Building Contractor's Company Name Telephone
P.O. Box 1072 Coats N.C. 27523 standsurehomes@gmail.com
Address Email Address

70922 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work Roughin and Trimout Huac
Beasley's Heating and air conditioning 919-868-5821
Mechanical Contractor's Company Name Telephone

57 W.C. Beasley Lane Coats N.C. 27521 beasleyshvac@gmail.com
Address Email Address

9497
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

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.E. Manning
Signature of Owner/Contractor/Officer(s) of Corporation

12-4-2020
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: _____ Date: _____