



Application # SFD2004-0007

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: Christopher B Rowe Date: April 16, 2020  
Site Address: 335 Bill Shaw Rd Spring Lake Phone: 910 584 7770  
Subdivision: NC 28390 Lot: \_\_\_\_\_  
Description of Proposed Work: New SFD Total Job Cost: \$150,000

**General Contractor Information**

J Lynn Company LLC 910.988.3512  
Building Contractor's Company Name Telephone  
2905 Bromwich Ct Fayetteville NC 28306 chalmers@jlynnbuild.com  
Address Email Address  
65809  
License #

**Electrical Contractor Information**

Description of Work New SFD Service Size: 200 Amps T-Pole:  Yes  No  
Rowe's Electric Corporation 910.584.7770  
Electrical Contractor's Company Name Telephone  
1457 Hayes Rd Spring Lake NC 28390 chris.roweelect@yahoo.com  
Address Email Address  
07510-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD  
Suretemp Mechanical 919.777.0668  
Mechanical Contractor's Company Name Telephone  
3105 Hal Siler Dr Sanford NC suretempvac.net  
Address 27332 Email Address  
19738  
License #

**Plumbing Contractor Information**

Description of Work New SFD # Baths 2 1/2  
MLS Plumbing Company Inc 910.484.1124  
Plumbing Contractor's Company Name Telephone  
1500 Gillespie St Fayetteville NC 28306 mlsplumbing@hotmail.com  
Address Email Address  
NC 28833 P1  
License #

**Insulation Contractor Information**

AI Insulation 2069 Yarbrough Rd 910.429.2990  
Insulation Contractor's Company Name & Address Telephone  
St Pauls NC 28384

\*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.

Christopher R. Rowe  
Signature of Owner/Contractor/Officer(s) of Corporation

April 6, 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: Christopher R. Rowe / Owner Date: April 6, 2020