



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: K&D Builders Inc of Stedman Date: _____
Site Address: 98 Bryan Godwin Court, Erwin Phone: 910 818-5602
Subdivision: Post Inn Estates Section 2 Lot: 11
Description of Proposed Work: construction of single family home Total Job Cost: 112,000

General Contractor Information

K&D Builders Inc of Stedman 910 818-5602
Building Contractor's Company Name Telephone
3916 Barnsdale Drive Wade NC 28395 Cfowler730@embarqmail.com
Address Email Address
61692
License #

Electrical Contractor Information

Description of Work Install electrical lines and fixtures Service Size: 200 Amps T-Pole: Yes No
Tarheel Pride Electric Corp 910 584-8006
Electrical Contractor's Company Name Telephone
PO Box 458 Stedman NC 28391 thpelectric02@yahoo.com
Address Email Address
22985-L
License #

Mechanical/HVAC Contractor Information

Description of Work Install lines/equipment for HVAC and gas line for fireplace
Certified Heating and Air Conditioning 910 858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills NC 28348 ehrin.certified@gmail.com
Address Email Address
H3C1-20012
License #

Plumbing Contractor Information

Description of Work Install plumbing lines/fixtures # Baths 2
Dell Haire Plumbing 910 439-9939
Plumbing Contractor's Company Name Telephone
PO Box 65048 Fayetteville NC 28306 Vickie.Beard@hotmail.com
Address Email Address
32886 P1
License #

Insulation Contractor Information

A-1 Insulation Inc PO Box 180 Hope Mills, NC 910 850-2157
Insulation Contractor's Company Name & Address 28348 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.

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

5-14-2020
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: *Karen Fowler / President* Date: 5-14-2020