



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: Kristin Day and John Murray Date: 4 AUG 2020
Site Address: ~~1352 Cypress Church Rd Cameron NC~~ 9544-65- Phone: _____
Subdivision: 2660 Lot: _____
Description of Proposed Work: New Residential Home Total Job Cost: \$330,000

General Contractor Information

Mabus Farm and General Contracting, LLC 910-992-8180
Building Contractor's Company Name Telephone
PO Box 400 Vass NC 28394 seth@mabusgc.com
Address Email Address
79157
License #

Electrical Contractor Information

Description of Work Residential Rough In and Trim Out Service Size: 400 Amps T-Pole: X Yes ___ No
Wester and Pace 919-499-3946
Electrical Contractor's Company Name Telephone
614 Leslie Rd Sanford NC 27332
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

Description of Work Residential Rough In and Trim Out
Sandhills Heating and Air 910-690-6271
Mechanical Contractor's Company Name Telephone
PO Box 1341 Southern Pines NC 28388
Address Email Address
30377
License #

Plumbing Contractor Information

Description of Work Residential Rough In and Trim Out # Baths 2
McDonald Plumbing 910-245-4812
Plumbing Contractor's Company Name Telephone
5321 Swanns Station Rd. Sanford NC 28332
Address Email Address
11824
License #

Insulation Contractor Information

Tri City Insulation 334 E. Mountain Dr. Fayetteville NC 28306 910-486-8855
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.



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

4 AUG 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: 4 AUG 2020