



Application # _____

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

Application for Residential Building and Trades Permit

* 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.

Owner's Name: SOUTH SCAN, INC. Date: 08/03/2020
Site Address: 110 MAPLEWOOD DR. SANFORD NC 27332 Phone: 919 3685405
Subdivision: CAROLINA LAKES Lot: 514
Description of Proposed Work: NEW RES. CONSTRUCTION Total Job Cost: _____

General Contractor Information

SOUTH SCAN, INC. 919 3685405
Building Contractor's Company Name Telephone
3128 GOLD DUST LN, WILLOW SPRING NC TTRINFO@GMAIL.COM
Address 27592 Email Address
36169
License #

Electrical Contractor Information

Description of Work ALL ELECTRICAL Service Size: 200 Amps T-Pole: Yes No
WESTER + PACE ELECTRICAL, INC. 919 499 3946
Electrical Contractor's Company Name Telephone
546 LESLIE RD., SANFORD, NC 27332
Address Email Address
12007-V
License #

Mechanical/HVAC Contractor Information

Description of Work ALL HVAC
CERTIFIED HEATING + AIR COND., INC 910 858 0092
Mechanical Contractor's Company Name Telephone
P.O. BOX 1071 HOPE MILLS, NC 28348
Address Email Address
20012
License #

Plumbing Contractor Information

Description of Work ALL PLUMBING # Baths 3
L.R. GLOVER PLUMBING, INC 919 820 0026
Plumbing Contractor's Company Name Telephone
P.O. BOX 764 BENSON, NC 27504
Address Email Address
P1-07958
License #

Insulation Contractor Information

TRI-CITY INSULATION + BLDG. PRODUCTS 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.

BY JR PRES.
Signature of Owner/Contractor/Officer(s) of Corporation

08/03/2020
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: BY JR PRES.

Date: 08/03/2020