



Harnett
COUNTY

Application # SFD 2008-0006

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

1537-41-0643

* 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: Bobby Winn Thomas Jr Date: 10/27/2020
Site Address: 124 Adams Farm Rd. (W Strickland) Phone: (919) 576-5192
Subdivision: _____ Lot: _____
Description of Proposed Work: New Construction Total Job Cost: \$325,000.00

General Contractor Information

Denning Contracting Company (919) 912-0112
Building Contractor's Company Name Telephone
P.O. Box 338 Benson, NC 27504 Blake@denningcontracting.com
Address Email Address
76686 HEATED SQ FT 2492 GARAGE SQ FT 956
License #

Electrical Contractor Information

Description of Work Home Electrician Service Size: 400 Amps T-Pole: Yes No
Common Ground Electric (919) 498-3092
Electrical Contractor's Company Name Telephone
222 Fox Run CT Benson, NC 27504 Commongroundelectricnc@gmail.com
Address Email Address
SFD 32654
License #

Mechanical/HVAC Contractor Information

Description of Work Heat Pump - Duct Work - Gas Line Fireplace
Stephenson Heating & Air Conditioning (919) 329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner, NC 27529 Stephensonhvac@aol.com
Address Email Address
181041
License #

Plumbing Contractor Information

Description of Work Plumbing of house # Baths 3.5
Brent Adams (919) 669-7979
Plumbing Contractor's Company Name Telephone
P.O. Box 45 Benson, NC 27504 Brentadams35@yahoo.com
Address Email Address
17359
License #

Insulation Contractor Information

Tatum Insulation II (919) 661-0999
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.

Billy W. Jones
Signature of Owner/Contractor/Officer(s) of Corporation

11/10/2020
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: [Signature] President Date: 11/10/20