



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Michael Lynn Pittman Date: 03/14/2023
Site Address: 1493 W. Blackman Rd. DUNN Phone: 910/263-5614
Subdivision: NC 28334 Lot: _____
Description of Proposed Work: Single Family Home Total Job Cost: 100,000 ?

General Contractor Information

Michael Lynn Pittman 910 263-5614
Building Contractor's Company Name Telephone
1493 W. Blackman Rd. DUNN NC 28334 moorelinda165@gmail.com
Address Email Address

HEATED SQ FT 1937 **GARAGE SQ FT** _____
Brick veneer

License # _____

Electrical Contractor Information

Description of Work Single Home Wire Service Size: 200 Amps T-Pole: Yes No
William B. Wester 919 499-7640
Electrical Contractor's Company Name Telephone
771 Page Rd. Broadway NC 27505 wwester@harnett.kk.nc.us
Address Email Address
L-29742
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC System and Duct Work
E+J Heating and Cooling LLC 910 230-0215
Mechanical Contractor's Company Name Telephone
707 S. 13th St. Erwin NC 28339 eandjheatingcooling@gmail.com
Address Email Address
32998
License #

Plumbing Contractor Information

Description of Work Single Home plumbing # Baths 2
Double JJ Plumbing 910 814-7705
Plumbing Contractor's Company Name Telephone
614 Byard Rd. Bunnlevel NC 28323 jmcjohnsonplumbing@gmail.com
Address Email Address
21649
License #

Insulation Contractor Information

Elton B. Moore 128 Sherry St. Snead Ferry 910 263-5615
Insulation Contractor's Company Name & Address Telephone
NC 28460

*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.

Michael Lynn Patton
 Signature of Owner/Contractor/Officer(s) of Corporation

03/14/2023
 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: *Michael Lynn Patton*

Date: *03/14/2023*