

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

Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Patrick Autry	Date10/10/2023
Site Address: 585 Sunridge Dr., Cameron, NC 28326	Phone 910-980-4222
Subdivision: DS-00676-001-002-Eaker/Patterson	Lot00004
Description of Proposed Work: New House Construction	Total Job Cost \$125,000.00
General Contractor I	nformation
Hammerstone Builders LLC	910-261-3154
Building Contractor's Company Name	Telephone
788 McArthur Rd., Broadway, NC 2505	HammerstoneBuilders@gmail.com
Address	Email Address
82907 HEATED SQ FT 1694 G	ARAGE SQ FT 576
License #	
Electrical Contractor	
	rvice Size: 200 Amps T-Pole: XYes No
J M Pope Electric LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
2725 Jefferson Davis Hwy., Sanford, NC 27332	Marshallpope74@gmail.com
Address	Email Address
L21326 License #	
Mechanical/HVAC Contrac	ctor Information
Description of Work Install new mechanical HVAC in hous	
Carolina Comfort Air, Inc Mechanical Contractor's Company Name	910-338-3670 Telephone
703 N Clinton Ave., Dunn, NC 28334 Address	rebecca@carolinacomfortair.com Email Address
29077	Email Address
License #	
Plumbing Contractor I	Information
Description of Work Install new plumbing in house	# Baths 2.5
Titans Plumbing	919-615-1947
Plumbing Contractor's Company Name	Telephone
PO Box 1045, Dunn, NC 28335	Business@titansplumbingcom
Address	Email Address
34800	Email Address
License #	
Insulation Contractor	Information
Insulating Inc.	919-776-4138
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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.	
$\underline{\hspace{0.1cm} X}$ 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: Wayne Senser Date: Oct, 10, 2022	