



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: Myron + Jessica Adams Date: _____
Site Address: 219 Harvell Rd Coats N.C. Phone: 910-591 7506
Subdivision: Private Lot: #1
Description of Proposed Work: New House ~~and~~ ~~Band~~

General Contractor Information

STF General Contractors LLC 910-891-5465
Building Contractor's Company Name Telephone
P.O. Box 2364 Dunn N.C. stef@stefc.com
Address Email Address
78246 U.L.
License #

Electrical Contractor Information

Description of Work New Service Size: 400 Amps T-Pole: Yes No
Jason H Pope 919-820-0837
Electrical Contractor's Company Name Telephone
81 Beaver Creek Rd Dunn N.C.
Address Email Address
27284-4
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
B+S HVAC 919-894-5151
Mechanical Contractor's Company Name Telephone
5446 Elevation Rd. Benson N.C.
Address Email Address
4256 H2+3
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 3 Total
Glover Plumbing Co. 919 868 0959
Plumbing Contractor's Company Name Telephone
304 Quail Hollow, Sanford, NC
Address Email Address
L 23160 Class 1
License #

Insulation Contractor Information

Tatum Insulation 704-502 2502
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]
Signature of Owner/Contractor/Officer(s) of Corporation

9-15-20
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: Kathy Wilho, Acct. Manager Date: 9/15/20