



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: Bare-foot Building Company, LLC Date: 9-29-2020
Site Address: TBD NC 55 E, Dunn, NC 28334 Phone: (910) 890-3256
Subdivision: N/A Lot: _____
Description of Proposed Work: Construction of new SFD Total Job Cost: \$ 120,000.00

General Contractor Information

Bare-foot Building Company, L.L.C. 910-890-3256
Building Contractor's Company Name Telephone
P.O. Box 1411, Coats, NC 27521 Wrbare-foot@yahoo.com
Address Email Address
81627 HEATED SQ FT 1240sf GARAGE SQ FT 0. N/A
License #

Electrical Contractor Information

Description of Work installation of electrical system Service Size: 200 Amps T-Pole: Yes No
Wester + Pace Electric, Inc. (919) 499-5389
Electrical Contractor's Company Name Telephone
614 Leslie Rd., Sanford, NC
Address Email Address
U. 12007
License #

Mechanical/HVAC Contractor Information

Description of Work installation of HVAC system
J+M Heating + Air Condition Co., Inc. (910) 897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd., Dunn, NC 28334
Address Email Address
L. 17164
License #

Plumbing Contractor Information

Description of Work installation of plumbing system # Baths 2
Fred Arthur Chris Leuyer III 910-676-1925
Plumbing Contractor's Company Name Telephone
115 Keyman Drive, Coats, NC 27521
Address Email Address
L. 30173
License #

Insulation Contractor Information

Stephens Building Products, LLC 919-630-8365
Insulation Contractor's Company Name & Address Telephone
1200 Corporation Pkwy. Suite 121, Raleigh, NC 27610

***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.

W. R. B.
Signature of Owner/Contractor/Officer(s) of Corporation

9-29-2020
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: *W. R. B.* , Member-Manager Date: 9-29-2020