

RESIDENTIAL BUILDING APPLICATION

Site Address: 861 Mann Rd Coats NC **PIN:** 1519-07-5673.000
Owner: Scott Jeffrey Pope **Phone:** _____ **Email:** _____
Description of Proposed Work: New Construction **Total Job Cost:** \$360,000

GENERAL CONTRACTOR INFORMATION

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

Signature Home Builders Inc 910-892-9299
General Contractor's Company Name Phone
1209 N Main St Lillington NC 27546 chris@signaturehomebuilders.com
Address Email
49431
License #

ELECTRICAL CONTRACTOR INFORMATION

Electrical
Description of Work: _____ Service Size: 400 Amps T-Pole: YES ☒ NO ☐
Jason H Pope Electrical Contractors Inc 919-820-0837
Electrical Contractor's Company Name Phone
81 Beaver Creek Dr Dunn NC
28334 Address Email
27284
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Central Air
Description of Work: _____
Central Air Heating and Cooling 919-963-0001
Mechanical Contractor's Company Name Phone
PO BOX 175 Four Oaks NC
Address Email
28699
License #

PLUMBING CONTRACTOR INFORMATION

Plumbing
Description of Work: _____ # of Fixtures: 19
Brewington Plumbing 919-634-5464
Plumbing Contractor's Company Name Phone
1463 Lees Union Church Rd Four
Oaks NC 27524 Address Email
36036
License #

INSULATION CONTRACTOR INFORMATION

Cumberland Insulation 910-484.7118
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Christopher Sherrod
Signature of Owner/Contractor/Officer of Corporation

9/10/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Christopher Sherrod
Signature of Owner/Contractor/Officer of Corporation

9/10/25
Date