



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: Signature Home Builders Date: 11/20/20
Site Address: 64 Thunder Valley Ct. Lillington NC 27546 Phone: 910-985-1136
Subdivision: South Creek Lot: 78
Description of Proposed Work: New Const. Total Job Cost: _____

General Contractor Information

Signature Home Builders 410-892-9299
Building Contractor's Company Name Telephone
1209 N. Main St Lillington NC 27546 csherrad.shb@gmail.com
Address Email Address
49431 **HEATED SQ FT** 2028 **GARAGE SQ FT** 628
License #

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: Yes No
Opilvae Enterprises Inc. 919-337-7633
Electrical Contractor's Company Name Telephone
5325 Midwell Place Apex NC _____
Address Email Address
17046-U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Central Air 919-963-0001
Mechanical Contractor's Company Name Telephone
PO BOX 175 FOW OAKS NC _____
Address Email Address
28699
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2
~~PO BOX 164~~ L.R. Glover Plumbing 919-820-0026
Plumbing Contractor's Company Name Telephone
PO BOX 7104 Benson NC 27504 _____
Address Email Address
7958
License #

Insulation Contractor Information

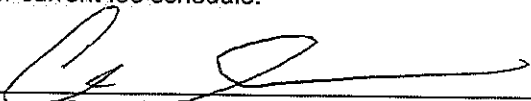
Cumberland Insulation 910-484-7118
Insulation Contractor's Company Name & Address Telephone

***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 of Owner/Contractor/Officer(s) of Corporation

11/29/20
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:  Project Manager Date: 11/20/20