



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: Holden W Adams + Rebecca T. Adams Date: 1/21/21
Site Address: 1340 Pope Rd DUNN NC 28334 Lot 4 Phone: 336-428-5125
Subdivision: Minor - Long Branch Holding Co. Inc. Lot: 4
Description of Proposed Work: Construct Single Family Total Job Cost: \$425,000.00

General Contractor Information

Scott Rhodes Building Inc. 919-868-1616
Building Contractor's Company Name Telephone
PO Box 1188 Benson NC 27504 Srbinc@embargmail.com
Address Email Address
62421 **HEATED SQ FT** 3038 **GARAGE SQ FT** 858
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 400 Amps T-Pole: Yes No
Amped Electric 919-625-0180
Electrical Contractor's Company Name Telephone
510 Denning Rd Benson NC 27504 ampedelectricnc@yahoo.com
Address Email Address
30129
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Mainstream Mechanical HVAC 919-291-0450
Mechanical Contractor's Company Name Telephone
412 Lazy Branch Drive Benson NC 27504 mainstreammechanical@gmail.com
Address Email Address
31005
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 3
Jason Barefoot Plumbing 910-892-4736
Plumbing Contractor's Company Name Telephone
5476 Timothy Rd DUNN NC 28334 jason1barefoot@yahoo.com
Address Email Address
20694
License #

Insulation Contractor Information

Tatum Insulation II Inc. 519 Old Drug 919-661-0999
Insulation Contractor's Company Name & Address Telephone
Store Rd
Cameron NC 27529

***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.

J Scott Plude - Contractor President
Signature of Owner/Contractor/Officer(s) of Corporation

1/21/21
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: *J Scott Plude - President* Date: *1/21/21*