



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: Capitol City Homes, LLC - Jason Morrow Date: 11/9/2020  
Site Address: 74 Spruce Hollow Circle, Spring Lake- Carraige Circle 1171 Phone: 919-872-0048 x 106  
Subdivision: Carriage Circle Lot: 1171  
Description of Proposed Work: New Construction Single Family Home Total Job Cost: 183,000.00

**General Contractor Information**

Capitol City Homes, LLC 919-872-0048  
Building Contractor's Company Name Telephone  
5711 Six Forks Rs, Suite 200, Raleigh irivera@capitolcity-homes.com  
Address Email Address  
70324 **HEATED SQ FT** 2334 **GARAGE SQ FT** 472  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Electrical Wiring SFH Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
Buford Electrical Inc 919-481-5490  
Electrical Contractor's Company Name Telephone  
2978 Gillespie St. Fayetteville, NC 28306 bufordelectric@gmail.com  
Address Email Address  
31424-U  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Install New Heating & Air System in SFH  
Certified Heating & Air Conditioning 910-858-0000  
Mechanical Contractor's Company Name Telephone  
PO Box 1071 Hope Mills, NC 28348 certifiedheatair@embarqmail.com  
Address Email Address  
H3C1-20012  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Install all plumbing in new SFH # Baths \_\_\_\_\_  
Vance Johnson Plumbing Co, Inc. 910-424-6712  
Plumbing Contractor's Company Name Telephone  
PO Box 64307, Fayetteville, NC 28306 wbleacher@vjplumbing.com  
Address Email Address  
07756  
License # \_\_\_\_\_

**Insulation Contractor Information**

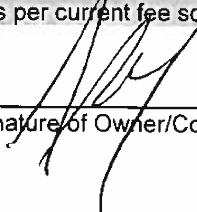
Tatum Insulation II, Inc. - 519 Old Drug Store Rd, Garner, NC 27529 919-661-0999  
Insulation Contractor's Company Name & Address Telephone

**\*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

11/20/2020  
 \_\_\_\_\_  
 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: \_\_\_\_\_ Date: \_\_\_\_\_