

Application #

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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Owner's Name: ABJ Investments LLC	Date: 12-3-2020
Site Address: 110 Thunder Valley C+ Lillington NC 29	1546 Phone: 910 -824 - 1238
Subdivision: <u>South</u> Creek	Lot: 76
Description of Proposed Work: new construction - single family	Total Job Cost: \$200,500
General Contractor Information	
JW Sealey and Associates Inc	910-322-3670
Building Contractor's Company Name	Telephone
PD BOX 99 Wade NC 28395	Sara. Sealey 07@gnail. com Email Address
Address 30914 HEATED SO ET 2388 GARAGE SO	
30914 HEATED SQ FT 2388 GARAGE SC	549
, Electrical Contractor Information	n
	200_Amps T-Pole: YesNo
Amped Electric LLC	919-625-0180
Electrical Contractor's Company Name	Telephone
510 Denning Rd Benson, NC 27504 Address	ampedelectricac@yahoo.com Email Address
30129 - 1EL-U	Littali Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work <u>new construction</u>	010 010
Faust Heating and Air Conditioning Inc Mechanical Contractor's Company Name	910 - 32 3 - 0587 Telephone
2976 Dunn Rd Eastover NC 28312	kim@foustaic.com
Address	Email Address
17439 H 231	
License #	
Plumbing Contractor Information	2 /
Description of Work <u>New construction</u>	_n bails
Plumbing Contractor's Company Name	910 - 978 - 3288 Telephone
6879 Family Street Fayetteville NC 28314	Kevin innesplumbinging @ amail.co
Address	Kevin jones plumbingine @ gmail.co
27018 PI	
License #	_
Cumberland Insulation Co Inc 4205 Clinton Rd	910-484-7118
Insulation Contractor's Company Name & Address Fayetteville NC	Telephone
28312	SDOWNSON - Property County
*NOTE: Conoral Contractor / ourner must fill out and along the	second name of this condition



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.

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: day office manager Date: 12-3-2020