

Application # \_\_\_\_\_

Harnett County Central Permitting

\* 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.

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: Brooke Blackmon	Date:12/31/2020
Site Address: 107 Wilson St, Erwin, NC	010 001 0060
Subdivision:	
Description of Proposed Work: New SFD	Total Job Cost: 98,000
General Contractor Informat	ion
Freedom Constructors Inc of Dunn	910-892-1231
Building Contractor's Company Name	Telephone
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM
Address	Email Address
11590 UL HEATED SQ FT 1200 GARAGE	SQ FT N/A
License #	
Description of Work Wire New SFD Electrical Contractor Informa Service Siz	
•	e: 200 Amps T-Pole: x Yes No
Jason H Pope Electrical Contractors Electrical Contractor's Company Name	919-820-0837 Telephone
	•
81 Beaver Creek Dr. Dunn, NC 28334 Address	<u>jhpelectrical@hotmail.com</u> Email Address
27284-U	Littali Address
License #	
Mechanical/HVAC Contractor Info	<u>ormation</u>
Description of Work New SFD Mechanical	
J & M Heating and Air Condition Co Inc	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net
Address	Email Address
L.17164	
License #	
Plumbing Contractor Informa	
Description of Work Plumb new SFD	# Baths <sup>2</sup>
Gilbert Plumbing Co, Inc.	910-567-6361
Plumbing Contractor's Company Name	Telephone
1638 Timothy Rd, Dunn, NC 28334	gpci@intrstar.net
Address	Email Address
L.10929	
License #	ition
Insulating Inc 5902 Fayetteville Rd, Raleigh, NC	919-772-9000
Insulation Contractor's Company Name & Address	Telephone
modulation John action a Company Name & Address	rolophiono

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



**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.

Timothy W. Tart  Signature of Owner/Contractor/Officer(s) of Corporation  Date		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner X 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 wor set forth in the permit:	k	
X 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.		
X 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	r	
Sign w/Title: Timothy M. Tart Estimating Mgr Date: 12/31/2020		