



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: Triumph Capital Group Date: 3/4/21  
Site Address: 24 Joel Way Lillington NC 27546 Phone: 910-892-9299  
Subdivision: Finley's Crossing Lot: 1  
Description of Proposed Work: New Const. Total Job Cost: \_\_\_\_\_

**General Contractor Information**

Signature Home Builders Telephone: 910-892-9299  
Building Contractor's Company Name  
1209 N. Main St Lillington NC 27546 Email Address: csherrad.shb@gmail.com  
Address  
49431 HEATED SQ FT 2731 GARAGE SQ FT 808  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: 200 Amps T-Pole:  Yes  No  
Dawson's Electric Telephone: 919-201-3841  
Electrical Contractor's Company Name  
609 Cotton Rd Fuquay Varina NC Email Address: \_\_\_\_\_  
Address  
25948  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Central Air Telephone: 919-963-0001  
Mechanical Contractor's Company Name  
PO BOX 175 Four Oaks NC Email Address: emma@centralairnc.com  
Address  
~~20848~~ 28699  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 3.5  
L.R. Glover Plumbing Telephone: 919-820-0026  
Plumbing Contractor's Company Name  
PO BOX 764 Benson NC 27504 Email Address: \_\_\_\_\_  
Address  
7958  
License #

**Insulation Contractor Information**

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

**\*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.**

Christopher D. Schul  
Signature of Owner/Contractor/Officer(s) of Corporation

3/4/21  
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: Christopher D. Schul, Project Manager Date: 3/4/21