



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: James + Renee Currin Date: 1-6-2021
Site Address: 2854 Harrington Rd Phone: _____
Subdivision: _____ Lot: 0537-20-1715-000
Description of Proposed Work: new Home

General Contractor Information

J&R HOMES LLC 910-628-8638
Building Contractor's Company Name Telephone
2515 Watson Ave Suite-A
Address Email Address
84436
License #

Electrical Contractor Information

Description of Work New HOME Service Size: 200 Amps T-Pole: Yes No
Buford Electrical 910-491-5490
Electrical Contractor's Company Name Telephone
2978 Gillespie St. Fayetteville, NC 28306
Address Email Address
31424
License #

Mechanical/HVAC Contractor Information

Description of Work New Home
Carolina Comfort Air
Mechanical Contractor's Company Name Telephone
P.O. Box 190 Clayton, NC 27528 Rebecca@carolinacomfortair.com
Address Email Address
31589
License #

Plumbing Contractor Information

Description of Work New Home # Baths 3,5
Titan's Plumbing 919-902-0990
Plumbing Contractor's Company Name Telephone
1634 Brook Fern Way Raleigh, NC 27604
Address Email Address
34800
License #

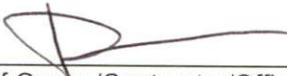
Insulation Contractor Information

Tri-City Insulation + Building 910-486-8855
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

1-6-2021

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: 1-6-2021