

Application #

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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

on on license.	
Owner's Name: Herring Builders Inc.	Date:1
Site Address: 2565 Erwin RD, Erwin NC	Phone: 919-291-1625
Subdivision:	Lot: ²
Description of Proposed Work:new construction home	
General Contractor Int	
Herring Builders Inc	919-669-7002
Building Contractor's Company Name	Telephone
1154 Woods Crossroads Rd Benson, NC 27504	dlherring34@gmail.com
Address	Email Address
48106	
License #	
Description of Worknew construction wiring Serv	nformation
	rice Size: 200 Amps T-Pole: X Yes
Amped Electric LLC Electrical Contractor's Company Name	
510 Denning Rd, Benson NC 27504	Telephone ampedelectricnc@yahoo.com
Address	Email Address
30129-I	Linaii Address
License #	
Mechanical/HVAC Contract	tor Information
Description of Worknew construction heating and air installation	
My HVAC Guys LLC	919-938-8202
Mechanical Contractor's Company Name	Telephone
646 Wood Valley Dr. Four Oaks NC 27524	
Address	Email Address
34239	
License # Plumbing Contractor In	aformation
	
Description of Worknew construction plumbing installation	# Baths ² 910-514-0781
	<u> </u>
Plumbing Contractor's Company Name	Telephone
5476 Timothy Rd, Dunn NC 28334	For 21 A Line
Address 20694 P-1	Email Address
License #	
License # Insulation Contractor In	nformation
License # Insulation Contractor In Friends Insulation LLC 2001 Blount Creek Est, Clayton NC 27520	nformation 919-291-2438

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

Damion Herring

Sign w/Title:



changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of **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. DocuSigned by: 2/10/2021 Damion Herring Vanion (turning
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 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 worksigned by:

2/10/2021