



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: Sarah Stromme Date: 2-2-2021
Site Address: 89 Lake Forest Trail Phone: 910-644-2319
Subdivision: Carolina Lakes Lot: 158
Description of Proposed Work: New home Total Job Cost: 175,000

General Contractor Information

J&R Homes 706-955-6952
Building Contractor's Company Name Telephone
2515 Watson Avenue Suite A Israel@JRHomes.us
Address Email Address
84436 HEATED SQ FT 2086 GARAGE SQ FT 572
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: X Yes ___ No
Buford Electric 910-491-5490
Electrical Contractor's Company Name Telephone
2978 Gillespie Street, Fayetteville, NC 28306 buford.warranty@gmail.com
Address Email Address
31424
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air 919-550-7711
Mechanical Contractor's Company Name Telephone
703 N. CLINTON AVE. DUNN, NC 28334 rnc_fayetteville@carolinacomfortair.com
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
Titans Plumbing 919-902-0990
Plumbing Contractor's Company Name Telephone
1634 Brook Fern Way, Raleigh, NC 27609 business@titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

Tri City Insulation and Building. 334 E. Mountain Drive 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

2-2-2021
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: 2-2-2021