



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: Southeastern Construction Date: 4/20/21
Site Address: 120 Beechleaf Ct Phone: 910 308 1534
Subdivision: Stoney Creek Manor Lot: 14
Description of Proposed Work: New Construction Total Job Cost: 225,000

General Contractor Information

Southeastern Construction / Jeff Wright 910 308 1534
Building Contractor's Company Name Telephone
771 Bostic Rd Raeford NC 28376 southeasternconst@gmail
Address Email Address
53113 **HEATED SQ FT** 2171 **GARAGE SQ FT** 481
License #

Electrical Contractor Information

Description of Work New Const Service Size: 200 Amps T-Pole: Yes No
Burford Electric 910 818 0994
Electrical Contractor's Company Name Telephone
948 Pan Dr. Hope Mills NC 28348
Address Email Address
31424-U
License #

Mechanical/HVAC Contractor Information

Description of Work New Const
Certified H/H 910 858 0000
Mechanical Contractor's Company Name Telephone
Po Box 1071 Hope Mills NC 28348
Address Email Address
20012 H3C1
License #

Plumbing Contractor Information

Description of Work New Const # Baths 2.5
Kevin Jones Plumbing 910 978 3288
Plumbing Contractor's Company Name Telephone
6879 Family St Fayetteville NC 28314
Address Email Address
27018 P-1
License #

Insulation Contractor Information

Tricity 334 E Mountain Dr. Fayetteville NC 910 486 8855
Insulation Contractor's Company Name & Address Telephone
28307

***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

4.20.21

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:  _____ Date: 4/20/21