

Application #	

\* 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. 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

tion on license.	The County of th	
Owner's Name: Benjamin Stout Real Estate Servi	ces, Inc. Date: 3/1/21	
Site Address: Janna Place	Phone: 910-779-0019	
Subdivision: Forest Ridge	1	
Description of Proposed Work: New SFD	Total Job Cost: \$229, 950	
General Contractor Information		
Benjamin Start Peal Estate Services, Inc. Building Contractor's Company Name	910-779-0019 Telephone	
PO Box 53798, Fayetteville, NC 28305	megane benstrutconstr Email Address	
License # HEATED SQ FT 2,389 GARAGE SQ	12.537 22.731	
Electrical Contractor Informatio	<u>n</u>	
Description of Work New Install Service Size:	-	
Southern Pride Electrical Electrical Contractor's Company Name	919 - 750 - 9436 Telephone	
370 Slapout Rd., Mt. Olive, NC 28365	Email Address	
24726 License #		
Mechanical/HVAC Contractor Inform	nation	
Description of Work New Install		
Certified Heating & AC	910-858-0000	
Mechanical Contractor's Company Name	Telephone	
PO BOX 1071, Hope Mills, NC 28348	Email Address	
Address 20012 - H3-CI	Email Address	
License #		
Plumbing Contractor Information	<u>n</u>	
Description of Work New Install	# Baths	
Titan's Plumbing LLC	919-902-0990	
Plumbing Contractor's Company Name	Telephone	
11034 Brook Fern Way, Raleigh, NC 27409		
Address )	Email Address	
34800 C-1		
License # Insulation Contractor Information	on	
Tricity 334 Mountain Dr. Payetteville, NC 18304 Insulation Contractor's Company Name & Address	90-486-8855 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.

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 Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor 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 at any time during the permitted work from any person, firm or corporation carrying out the work. Sign w/Title: