

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: Thomas G. Hunter II and Rebecca B. H.	unter Date: 3-15-2021	
Site Address: 300 Bruce Johnson Rd., Lillington, NC	Phone: (910) 890 - 4865	
Subdivision: NA	Lot: N/H	
Description of Proposed Work: Construction of new SFD	Total Job Cost: # 360,000.00	
General Contractor Information		
Barefoot Building Company L.L.C. Building Contractor's Company Name	910-890-3256 Telephone	
P.O. BOX 1411, Coats, NC 27521 Address	wrbarefoot o yahoo.com Email Address	
8\(027 HEATED SQ FT GARAGE SQ		
Description of Work <u>installation</u> of <u>electrical Contractor Information</u> Description of Work <u>installation</u> of <u>electrical system</u> of <u>electrical system</u> of <u>relectrical contractor Information</u> of <u>relectrical Contractor Information</u>		
Wester + Pace Kleatric, Inc.	(919)499-5389	
Electrical Contractor's Company Name	Telephone	
614 Leslie Rd., Sanford, NC		
Address	Email Address	
<u>U. 12007</u> License #		
Mechanical/HVAC Contractor Informa	ation	
Description of Work installation of HVAC system		
J-M Heatly + Air Condition Co. , Inc. Mechanical Contractor's Company Name	(910) 897 - 5501 Telephone	
724 Turligton Rd. Dunn, NC 28334		
Address L. 17164	Email Address	
License #		
Plumbing Contractor Information		
	# Baths	
Fred Arthur Chris Lecuyer III Plumbing Contractor's Company Name	(910) 676-1925 / (919) 894-72- Telephone	
115 Keyman Drive, Coats, NC 27521 Address	Email Address	
A CONTROL OF THE PARTY OF THE P	Emailytudios	
L. 30173 License #		
Insulation Contractor Information	(0-) (3- 03-5	
Stephens Building traducts, LLC	Talanhana	
Stephens Building Products, LLC Insulation Contractor's Company Name & Address 1200 Corporation PKWY - Suite 121, Rai	leid NC 27612	
*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 bysigning 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.

Date

Signature of Owner/Contractor/Officer(s) of Corporation

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: 2/1 Date: 3-15-2021	