



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: Prime Estate Renovations LLC Date: 3-20-21  
Site Address: Cypress Church Rd Lot #2 Phone: 623 297 5810  
Subdivision: N/A Lot: 2  
Description of Proposed Work: Residential Home Total Job Cost: 150,000

**General Contractor Information**

Prime Estate Renovations LLC 623 297 5810  
Building Contractor's Company Name Telephone  
1627 Stonegate N Sanford NC 27332 primeestaterenovations@gmail.com  
Address Email Address  
82360 **HEATED SQ FT 1741** **GARAGE SQ FT 618**  
License #

**Electrical Contractor Information**

Description of Work New Install Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
VRG Electric 919 356 2225  
Electrical Contractor's Company Name Telephone  
6401 Reeves Dr Sanford NC 27332  
Address Email Address  
32452  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Install  
King Heating + Air 919-895-3600  
Mechanical Contractor's Company Name Telephone  
300 Wilson Rd Sanford NC 27332  
Address Email Address  
28280  
License #

**Plumbing Contractor Information**

Description of Work New install # Baths 2 1/2  
HR Curtis Plumbing Contractor 919-770-0168  
Plumbing Contractor's Company Name Telephone  
6314 Carbon ton Rd Sanford NC 27330  
Address Email Address  
10924  
License #

**Insulation Contractor Information**

Larry Hall Insulation 567 Fall Creek Rd 910 464 3540  
Insulation Contractor's Company Name & Address Telephone  
Bennett, NC

\*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]  
Signature of Owner/Contractor/Officer(s) of Corporation

3-20-21  
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: \_\_\_\_\_