

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match 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

on on license.	
Owner's Name: Whitney Hicks	Date: 3/25/2021
Site Address: 1995 Peach Farm Road	Phone: 919-714-3594
Subdivision: N/A	Lot: N/A
Description of Proposed Work: One new construction single-family h	nome
General Contractor Informat	
J&R Homes LLC	919-897-5961
Building Contractor's Company Name	Telephone
2725 Jefferson Davis Highway, Sanford, NC 27332	Allison@JRHomes.us
Address	Email Address
84436	
License #	
Electrical Contractor Informa	ation ze: <u>200 </u> Amps T-Pole: <mark> </mark>
ad schools out to the school of the school o	910-491-5490
Buford Electric	THE THE PARTY OF T
Electrical Contractor's Company Name	Telephone
2978 Gillespie Street, Fayetteville, NC 28306	buford.warranty@gmail.com
Address	Email Address
31424	
License # Mechanical/HVAC Contractor Info	ormation
Description of Work Install new mechanical/ HVAC in house	<u> </u>
Carolina Comfort Air, Inc.	910-338-3670
Mechanical Contractor's Company Name	Telephone
	rebecca@carolinacomfortair.cor
703 N Clinton Avenue, Dunn, NC 28334	Email Address
Address 29077	Email Address
The state of the s	
License # Plumbing Contractor Informa	ation
Description of Work Install new plumbing in house	# Baths 2.5
Titan's Plumbing	919-615-1947
	Telephone
Plumbing Contractor's Company Name	business@titansplumbing.com
PO Box 1045, Dunn, NC 28335	Email Address
Address	Email Address
34800	
License # Insulation Contractor Information	ation
Tri City Insulation & Bldg. 334 E Mountain Dr, Fayetteville, NC	910-486-8855
Inculation 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.

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	3/25/2021	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
	/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 worke	ers' 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: 3/25/2021	