



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: 1/20/22
Site Address: 10 Remington Hill Dr. Bunnlevel 28323 Phone: 910 308 1534
Subdivision: Carlize Hills Lot: 35
Description of Proposed Work: New Construction Total Job Cost: 480,000

General Contractor Information

Southeastern Construction of Rockfish LLC 910 308 1534
Building Contractor's Company Name Telephone
445 Bostic Rd. Raxford NC 28370 Southeasternconst@gmail
Address Email Address
87339 HEATED SQ FT 3286 GARAGE SQ FT 532
License #

Electrical Contractor Information

Description of Work Residential New Const Service Size: 200 Amps T-Pole: Yes No
Burford Electric 910 - 491 - 5490
Electrical Contractor's Company Name Telephone
5241 US 301 Hope mills NC 28348 Diane.burfordelectric@gmail
Address Email Address
31424 - U
License #

Mechanical/HVAC Contractor Information

Description of Work Residential New Const.
Certified Heating and Air 910 858 0000
Mechanical Contractor's Company Name Telephone
Po Box 1071 Hope mills 28348 Ehvin.certified@gmail
Address Email Address
20012 H3C1
License #

Plumbing Contractor Information

Description of Work Residential New Const # Baths 3 full 2 half
Larry Lee Plumbing 910 424 1760
Plumbing Contractor's Company Name Telephone
7051 Crest St Fayetteville NC 28306 service.LPS@yaho
Address Email Address
P-1 05274
License #

Insulation Contractor Information


Tri City 334 E. Mountain Dr Fayetteville 28306 910 486 8855
Insulation 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.



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

9/20/22

 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:  owner Date: 9/20/22