

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

	6/21/2021
Owner's Name: <u>Luke Jackson</u>	Date: 6/21/2021
Site Address: 160 Smith Lucas Rd, Dunn	Phone: 910-658-3104
Subdivision:	Lot:
Description of Proposed Work: New SFD	Total Job Cost: \$135,000
General Contractor Inf	
Freedom Constructors Inc of Dunn	910-892-1231
Building Contractor's Company Name	Telephone
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM
Address	Email Address
11590 UL HEATED SQ FT 1309 GA	RAGE SQ FT 525
License #	
Electrical Contractor In	
	ice Size: 200 Amps T-Pole: x Yes No
Jason H Pope Electrical Contractors	919-820-0837 Talanhana
Electrical Contractor's Company Name	Telephone
81 Beaver Creek Dr. Dunn, NC 28334	jhpelectrical@hotmail.com
Address 27284-U	Email Address
License #	
Mechanical/HVAC Contract	or Information
Description of Work New SFD Mechanical	
J and M Heating and A/C	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net
Address	Email Address
L.17164	Linali Address
License #	
Plumbing Contractor In	nformation_
Description of Work Plumb new SFD	# Baths 2
Gilbert Plumbing Co, Inc.	910-567-6361
Plumbing Contractor's Company Name	Telephone
1638 Timothy Rd, Dunn, NC 28334	gpci@intrstar.net
Address	Email Address
L.10929	
License #	
Insulation Contractor In	
Insulating Inc 5902 Fayetteville Rd, Raleigh, NC	919-772-9000
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

Timothy M. Tart	6/18/2021	
Signature of Owner/Contractor/Officer(s) of Corpo	pration 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:		
X 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.		
X 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: Timothy M. Tart Es	stimating Mgr Date: 6/18/2021	
V		