



Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # _____

* 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: STRICKLEY + COMPANY LLC Date: 3/31/21
 Site Address: 78 PORTER DR ERWIN Phone: 910-890-2160
 Subdivision: ERWIN MILLS Lot: 1
 Description of Proposed Work: NEW CONSTRUCTION Total Job Cost: \$90,000.00

General Contractor Information

JEREMY M. STRICKLAND
 Building Contractor's Company Name 910-890-2160
 Address 1330 WAVE RD DUNN Telephone
51550 Email Address j.mstrickland@83eyah.com
 License # HEATED SQ FT 1270 GARAGE SQ FT _____

Electrical Contractor Information

Description of Work NEW Service Size: 200 Amps T-Pole: Yes No
RST Electrical
 Electrical Contractor's Company Name Telephone 919-291-8766
 Address 3432 ZACKS MILL RD. ANGIER, NC Email Address _____
 License # 24202-E

Mechanical/HVAC Contractor Information

Description of Work NEW
RANDY LEE JACKSON
 Mechanical Contractor's Company Name Telephone 910-242-2941
 Address 100 S. 13th ST SUITE 15 ERWIN NC Email Address _____
 License # H-3-1 18512

Plumbing Contractor Information

Description of Work NEW # Baths 2
JEREMY WILLIFORD
 Plumbing Contractor's Company Name Telephone 919-915-0533
 Address 865 JERINIAN CWP RD. DUNN, NC Email Address _____
 License # 30747

Insulation Contractor Information

PARKER BROS INC
 Insulation Contractor's Company Name & Address Telephone 910-990-5928

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

strong roots • new growth

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


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.

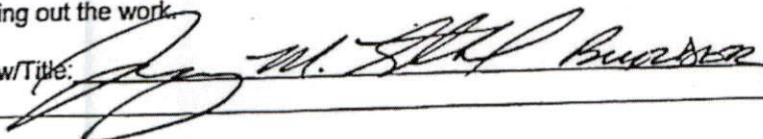
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: 5/12/21