

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: Capitol City Homes, LLC	Date:5/14/2021
Site Address: 187 Scholar Drive	Phone:
Subdivision: Academy at Anderson Creek	Lot:1113
Description of Proposed Work: Single Family New C	Construction Total Job Cost: 240,000
General Contracto	r Information
Capitol City Homes, LLC	919-872-0048
Building Contractor's Company Name	Telephone
5711 Six Forks Rd, Suite 200, Raleigh, NC 27609	irivera@capitolcity-homes.com
Address	Email Address
70324 HEATED SQ FT 3026	GARAGE SQ FT 468
License #	
Electrical Contracto	
	Service Size:Amps T-Pole: X YesNo
Buford Electric Inc	919-491-5490
Electrical Contractor's Company Name	Telephone
2978 Gillespie St. Fayetteville, NC 28306	bufordelectric@gmail.com
Address	Email Address
31424-U	
License # Mechanical/HVAC Cont	ractor Information
Description of Work Install New Heating & HVAC System	
•	919-858-0000
Certified Heating and Air Conditioning Mechanical Contractor's Company Name	Telephone
• •	certifiedheatair@embarqmail.com
PO Box 1071 Hope Mills, NC 28348 Address	Email Address
H3C1-20012	Elliali Addless
License #	
Plumbing Contracto	or Information
Description of Work Install All Plumbing in New SFD	# Baths
Vance Johnson Plumbing Co. Inc	910-424-6712
Plumbing Contractor's Company Name	Telephone
PO Box 64307 Fayetteville, NC 28306	wbleacher@vjplumbing.com
Address	Email Address
07756	
License #	
Insulation Contract	or Information
atum Insulation II, Inc - 519 Old Drug Store Rd. Garner, N	C 27529 _ 919-661-0999
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.

Ivette Rivera	5/14/2021	
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:		
X General ContractorX Owner0	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 obtathem.	ained workers' compensation insurance to cover	
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: Jason Morrow - Managing Partner	Date:	