



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: HASKINS FAMILY TRUST C/O STEVEN HASKINS Date: 7/1/2021
Site Address: 4498 SPRING HILL CHURCH RD / LILLINGTON Phone: _____
Subdivision: N/A Lot: _____
Description of Proposed Work: SFD Total Job Cost: \$160,000

General Contractor Information

MOSS HOME BUILDERS & REALTY INC (910) 890-2111
Building Contractor's Company Name Telephone
PO BOX 577 LILLINGTON, NC 27546
Address Email Address
18637 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
PONCEA ELECTRIC & MAINTENANCE INC (910) 814-3751
Electrical Contractor's Company Name Telephone
4212 OLD US 421 LILLINGTON, NC 27546
Address Email Address
21643
License #

Mechanical/HVAC Contractor Information

Description of Work _____
BRASLEY'S AIR & AIR INC (910) 894-4248
Mechanical Contractor's Company Name Telephone
57 WC BRASLEY LN, COATS, NC
Address Email Address
9447
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
WILLIFORD PLUMBING (919) 915-0533
Plumbing Contractor's Company Name Telephone
865 FERNIGAN LOOP RD DUNN, NC
Address Email Address
30747
License #

Insulation Contractor Information

STEPHENS BLDG PRODUCTS (919) 630-8365
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

7/1/2021

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: 7/1/2021