



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: JW Sealey and Associates Inc Date: 6-1-21
Site Address: 147 Indigo St Lillington NC 27546 Phone: 910-897-4210
Subdivision: South Creek Lot: 59
Description of Proposed Work: New construction - single family Total Job Cost: \$ 210,000

General Contractor Information

JW Sealey and Associates Inc 910-322-3670
Building Contractor's Company Name Telephone
PO Box 99 sara.sealey07@gmail.com
Address Email Address
30914 **HEATED SQ FT 1952 GARAGE SQ FT 572**
License #

Electrical Contractor Information

Description of Work New construction Service Size: 200 Amps T-Pole: Yes No
Amped Electric LLC 919-625-0180
Electrical Contractor's Company Name Telephone
510 Denning Rd Benson NC 27504 ampedelectricnc@yahoo.com
Address Email Address
30129-TEL-U
License #

Mechanical/HVAC Contractor Information

Description of Work new construction
Foust Heating and Air Conditions Inc 910-323-0587
Mechanical Contractor's Company Name Telephone
2976 Dunn Rd Eastover NC 28312 kim@foustair.com
Address Email Address
17439 H 231
License #

Plumbing Contractor Information

Description of Work new construction # Baths 2.5
Kevin Jones Plumbing Inc 910-978-3288
Plumbing Contractor's Company Name Telephone
6879 Family Street Fayetteville NC 28314 kevinjonesplumbinginc@gmail.com
Address Email Address
27018 PI
License #

Insulation Contractor Information

Cumberland Insulation Co Inc 4205 Clinton Rd 910-484-7118
Insulation Contractor's Company Name & Address Telephone
Fayetteville NC
28312

***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.

Lana Sealey

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

6-1-21

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: *Lana Sealey office manager* Date: *6-1-21*