



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: Donald and Deborah Hudson Date: \_\_\_\_\_  
Site Address: 3138 US 301 S, Dunn, NC 28334 Phone: 919-631-0229  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Single residential home Total Job Cost: \$325,000.00

**General Contractor Information**

Donald and Deborah Hudson 919-631-0229  
Building Contractor's Company Name Telephone  
Address ddkhudson@hotmail.com  
Email Address  
HEATED SQ FT 2204 GARAGE SQ FT 1079

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 50 Amps T-Pole:  Yes  No  
Donald and Deborah Hudson  
Electrical Contractor's Company Name Telephone  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Donald AND Deborah Hudson  
Mechanical Contractor's Company Name Telephone  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Donald and Deborah Hudson  
Plumbing Contractor's Company Name Telephone  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Donald and Deborah Hudson  
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.

Donald Hudson  
Deborah L Hudson  
 Signature of Owner/Contractor/Officer(s) of Corporation

June 14, 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: Donald Hudson OWNER Date: 14 Jun 2021  
Deborah L Hudson