



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: Chuy and Chad LLC Date: 6-1-21
Site Address: 110 Thornton's Creek Dr Phone: 910-890-6870
Subdivision: Thornton Creek Lot: _____
Description of Proposed Work: New Construction Total Job Cost: 250,000

General Contractor Information

Stand Sure Custom Homes Inc. 910-890-6870
Building Contractor's Company Name Telephone
PO Box 1072 Coats NC 27521 Stand Sure Homes@gmail.com
Address Email Address
70022 HEATED SQ FT 2080 GARAGE SQ FT 564
License #

Electrical Contractor Information

Description of Work New construction Service Size: 200 Amps T-Pole: X Yes ___ No
Watts UP Electric NC 910-824-0653
Electrical Contractor's Company Name Telephone
2856 US 301 South Dunn NC 28334 Iwattsupelectric@gmail.com
Address Email Address
33800
License #

Mechanical/HVAC Contractor Information

Description of Work Rough in and trim out New Home
Beasley Heating & Air Conditioning 919-894-4248
Mechanical Contractor's Company Name Telephone
57 W.C. Beasley Lane Coats NC 27521 Beasleyshvac@aol.com
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work Rough in and trim out new Home # Baths 2
Jeff Holland 919-464-5492
Plumbing Contractor's Company Name Telephone
512 Lakeside Dr. Garner _____
Address Email Address
PI 11199
License #

Insulation Contractor Information

Tri-City Insulation & Bldg Products 910-486-8855
Insulation Contractor's Company Name & Address Telephone
334 Mountain Drive Fayetteville NC 28306

*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.

Chad Anderson
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: Chad Anderson President Date: 6-1-21