



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: James Jackson Date: 7-20-21
Site Address: 612 W Core Rd Dunn NC 28334 Phone: 910-890-1775
Subdivision: _____ Lot: _____
Description of Proposed Work: Build 1567 sq ft Home Total Job Cost: \$140,000.00

General Contractor Information

Naylor's Construction Telephone: 910-385-7157
Building Contractor's Company Name
540 Baptist Chapel Rd Antyville NC 28318 Email Address: jmaylor86@yahoo.com
Address
61478 HEATED SQ FT 1567 GARAGE SQ FT 498
License #

Electrical Contractor Information

Description of Work: wire new house Service Size: 200 Amps T-Pole: Yes No
Idea Electric Telephone: 910-990-5635
Electrical Contractor's Company Name
1937 Edmund Marth's Rd Clinton NC 28328 Email Address: ideaelectric@yahoo.com
Address
248700
License #

Mechanical/HVAC Contractor Information

Description of Work: Install HVAC in new house
Sinclair Heating & Air / Robert G Dale Telephone: 910-533-2121
Mechanical Contractor's Company Name
6628 Faison Hwy Faison NC 28341 Email Address: Sinclair@intrstar.net
Address
29098
License #

Plumbing Contractor Information

Description of Work: Plumb new house # Baths: 2 1/2
Steven Stanley Plumbing Telephone: 919-291-5648
Plumbing Contractor's Company Name
918 E Sanders Street Four Oaks NC 27524 Email Address: Steven Stanley Plumbing 1@gmail.com
Address
20013
License #

Insulation Contractor Information

Cumberland Insulation Co. Telephone: 910-484-7118
Insulation Contractor's Company Name & Address
4205 Clinton Rd, 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.

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

7-20-21
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: [Signature] Owner/Builder Date: 7-20-21