



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: David & Caroline Cooke Date 2/21/22
Site Address: 584 Prairie Lane Phone 910-366-6398
Subdivision: _____ Lot _____
Description of Proposed Work: New SFD Total Job Cost \$246,490.75

General Contractor Information

Red Door Homes 910-309-0825
Building Contractor's Company Name Telephone
4002 Fayetteville Rd Raeford, NC 28376 angela@reddoorhomesnc.com
Address Email Address
69945 **HEATED SQ FT 2150** **GARAGE SQ FT 480**
License #

Electrical Contractor Information

Description of Work New SFD Service Size: 200 Amps T-Pole: Yes No
JM Pope 919-776-5144
Electrical Contractor's Company Name Telephone
409 Chatham St Sanford, NC 27330 marshallpope74@gmail.com
Address Email Address
21326
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
Certified Heating & Air 910-818-0600
Mechanical Contractor's Company Name Telephone
PO BOX 1071 Hope Mills, NC 28348 Ehrin.certified@gmail.com
Address Email Address
H3C1 - 20012
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 2
Vance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
4251 Legion Rd Ste: 111 Hope Mills, NC 28348 eblanchard@vjplumbing.com
Address Email Address
07756
License #

Insulation Contractor Information

Cumberland Insulation 4205 Clinton Rd Fayetteville, NC 28312 910-484-7118
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.

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

2/21/22
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: Angela Andre Administrator Date: 2/21/22