

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 of licensed contractor. Address, company name & phone must match information on license!

Application for Residential Building and Trades Permit

Owner's Name: Shelby and Kendall Tart Date 7-8-21

Site Address: 2723 Langdon Road Angier 27501 Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: construct single family home Total Job Cost \$287,054

General Contractor Information

K&D Builders Inc of Stedman
Building Contractor's Company Name

910 818-5602
Telephone

3916 Barnsdale Drive Wade NC 28395
Address

cfoley730@embarqmail.com
Email Address

61692
License #

HEATED SQ FT 2559 **GARAGE SQ FT** 760

Electrical Contractor Information

Description of Work Install wiring and fixtures Service Size: 200 Amps T-Pole: Yes No

Buford Electric
Electrical Contractor's Company Name

910 491-5490
Telephone

PO Box 64333 Fayetteville NC 28306
Address

inspections.bufordelectric@gmail.com
Email Address

31424-U
License #

Mechanical/HVAC Contractor Information

Description of Work Install lines/equipment for HVAC and gas lines for fireplace

Certified Heating and Air Conditioning
Mechanical Contractor's Company Name

910 858-0000
Telephone

P.O. Box 1071 Hope Mills NC 28348
Address

ehrin.certified@gmail.com
Email Address

H3C1-20012
License #

Plumbing Contractor Information

Description of Work Install plumbing lines and fixtures # Baths 2.5

Dell Haire Plumbing
Plumbing Contractor's Company Name

910 429-9929
Telephone

P.O. Box 65048 Fayetteville NC 28306
Address

Vickie.Beard@hotmail.com
Email Address

32886 P1
License #

Insulation Contractor Information

AI Insulation Inc PO Box 180
Insulation Contractor's Company Name & Address

910 850-2157
Telephone

Hope Mills NC 28348

***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.

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

7-8-21
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: Karen Fowler / President Date: 7-8-21