

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 W Stephens & Danna H. Stephens Date _____
 Site Address: 402 Keith Hills Rd. Lillington, NC 27546 Phone _____
 Subdivision: Keith Hills Lot 23
 Description of Proposed Work: New Construction SFD Total Job Cost _____

General Contractor Information

Stancil Builders Inc. (919) 639-2093
 Building Contractor's Company Name Telephone
466 Stancil Rd, Angier NC 27501 wendy@stancilbuilders.com
 Address Email Address
34533 HEATED SQ FT 2204 GARAGE SQ FT 834
 License #

Electrical Contractor Information

Description of Work SFD Service Size: _____ Amps T-Pole: Yes No
Sno Electrical (919) 427-6952
 Electrical Contractor's Company Name Telephone
19655 NC 210 Hwy Angier NC 27501
 Address Email Address
13075-L
 License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Stepherson Heating & Air Inc. (919) 329-0686
 Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC 27529
 Address Email Address
18644
 License #

Plumbing Contractor Information

Description of Work SFD # Baths 2 1/2
Barnes Plumbing Inc. (919) 422-2133
 Plumbing Contractor's Company Name Telephone
239 Millwood Lane Angier NC 27501
 Address Email Address
P17735
 License #

Insulation Contractor Information

Satum Insulation II Inc. 519 Old Drug Store Rd. Garner 27529 (919) 661-0999
 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.



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

7-13-21

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:  _____ Date: 7-13-21