



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: Landry Builders Inc. Date: 10-8-2021
Site Address: 6087 Ressor Pittman Road Phone: 910-624-8354
Subdivision: Pin # 9588-64-625 Lot: 4
Description of Proposed Work: Residential Home Total Job Cost: \$ 370,000.00

General Contractor Information

Landry Homes LLC Telephone 910-850-0984
Building Contractor's Company Name
2031 Devils Racetrack Rd Four Oaks Telephone
Address N.C. 27541 Email Address Ryan Landry 90@gmail.com
73770 HEATED SQ FT 2560 GARAGE SQ FT 459
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Allman Electric Telephone 919-443-9694
Electrical Contractor's Company Name
245 Wilkes Rd. Fay, N.C. 28112
Address _____ Email Address _____
6136-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Certified Heating & Air Telephone 910-858-0000
Mechanical Contractor's Company Name
207 W David Parrell
Address _____ Email Address _____
26012
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 3 1/2
McDonald Plumbing Telephone 919-776-0773
Plumbing Contractor's Company Name
5321 Swain Station Rd Sanford
Address _____ Email Address _____
11824
License # _____

Insulation Contractor Information

Cumberland Insulation Telephone 910-391-1528
Insulation Contractor's Company Name & Address _____

***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

10-8-2021
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]*

Date: 10-8-2021