

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Christopher Robins, Randall & Pamela Priest Date 07-23-2021				
Site Address: 223 Hamilton Road Bunnlevel, NC 28339 Phone 910-689-8329			p de galacter de service de servi	
Subdivision: NA Lot Pin# 0547-48-5200.000 Lot#1				
Description of Proposed Work: New Sin	gle Family Residence	Total Job Cost <u>\$174,500.00</u>		
G	eneral Contractor Inform	mation		
White House Building Associates LLC Building Contractor's Company Name		910-978-5195 Telephone		
P.O. Box 1682 Leland, NC 28451 whitehousebldgassoc@gmail.com Address Email Address		oc@gmail.com Email Address		
83310 HEATED SQ FT	1254 GARAGE			
License # Electrical Contractor Information				
Description of WorkInstall electrical	service for new residence	е	Service	
Size: 200 Amps T-Pole: X Ye	sNo			
ARUSS		910-248-6230		
Electrical Contractor's Company Name Telephone				
<u>5651 Phillip Church Road</u> <u>aruss.electric@ymail.com</u> Address Email Address				
18248-L License #	· · · · · · · · · · · · · · · · · · ·	lufa-mation		
	nical/HVAC Contractor			
Description of Work Install Mechanical System for New Reside		910-323-0587	-2	
Foust Heating and Air Conditioning Mechanical Contractor's Company Name		Telephone		
2976 Dunn Road Eastover, NC 28312			_	
Address		Email Address		
27413-SP-PH, 27439 H2-H3 License #				
	mbing Contractor Info	rmation		
Description of WorkInstall plumbing	system for New Residen	ice # Baths 2	-	
Titan Plumbing		336-516-2013		
Plumbing Contractor's Company Name		Telephone		
_526 Swift Creek Road Raeford, NC 28376 Address		Email Address	-	
P-1 Class. #22085				
License #	ulation Contractor Info	rmation		
All About Energy Solutions 419 Raleig				
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

7/23/2021

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: 7/23/2021 ASSOCIATES LLC Date: 7/23/2021	