

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: Randy + Tiffany Chambers Date: 5-25-21  
 Site Address: 200 Gilchrist Road Camerac Phone: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Description of Proposed Work: SFD Total Job Cost: 466,000

**General Contractor Information**

Chuck Smith Construction Telephone: 919-708-3351  
 Building Contractor's Company Name  
133 Glass DA Sanford NC Email Address: CHUCKSMITHCONSTRUCTION@gmail.com  
 Address  
65317 HEATED SQ FT 3332 GARAGE SQ FT 816  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Service Size: 200 Amps T-Pole:  Yes  No  
GEB Electric LLC Telephone: 919-775-8689  
 Electrical Contractor's Company Name  
431 Altas Lane Sanford NC Email Address: \_\_\_\_\_  
 Address  
17758-L  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work NEW SYSTEM  
Affurance Htg + Air Telephone: 919-770-3260  
 Mechanical Contractor's Company Name  
2215 Lee Ave Sanford Email Address: \_\_\_\_\_  
 Address  
20046  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work McDonald Plumbing / new # Baths 3 1/2  
McDonald Plumbing Telephone: 919-770-0773  
 Plumbing Contractor's Company Name  
5321 Swanns Station Rd Email Address: \_\_\_\_\_  
 Address  
11824  
 License # \_\_\_\_\_

**Insulation Contractor Information**

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

\_\_\_\_\_  
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: \_\_\_\_\_