



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: Capitol City Homes, LLC - Jason Morrow Date: 8/11/2021
Site Address: 142 Spruce Hollow Circle Phone: _____
Subdivision: Carriage Circle Lot: 1155
Description of Proposed Work: New Construction Single Family Home Total Job Cost: 190,000

General Contractor Information

Capitol City Homes, LLC 919-872-0048
Building Contractor's Company Name Telephone
5711 Six Forks Rs, Suite 200, Raleigh irivera@capitolcity-homes.com
Address Email Address
70324 **HEATED SQ FT** 2277 **GARAGE SQ FT** 462
License # _____

Electrical Contractor Information

Description of Work New Electrical Wiring SFH Service Size: 200 Amps T-Pole: X Yes ___ No
Buford Electrical Inc 919-481-5490
Electrical Contractor's Company Name Telephone
2978 Gillespie St. Fayetteville, NC 28306 bufordelectric@gmail.com
Address Email Address
31424-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work Install New Heating & Air System in SFH
Certified Heating & Air Conditioning 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills, NC 28348 certifiedheatair@embarqmail.com
Address Email Address
H3C1-20012
License # _____

Plumbing Contractor Information

Description of Work Install all plumbing in new SFH # Baths _____
Vance Johnson Plumbing Co, Inc. 910-424-6712
Plumbing Contractor's Company Name Telephone
PO Box 64307, Fayetteville, NC 28306 wbleacher@vjplumbing.com
Address Email Address
07756
License # _____

Insulation Contractor Information

Tatum Insulation II, Inc. - 519 Old Drug Store Rd, Garner, NC 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.

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

8/11/2021
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner x 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.

x 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: Ivette Rivera/ Permitting Coordinator Date: 8/11/2021