

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

**\* 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: Scott + Tessa Altman Date 8.12.21  
 Site Address: Old Stage Rd. Coats NC Phone 919.219.0301  
 Subdivision: N/A Lot \_\_\_\_\_  
 Description of Proposed Work: new SFD Total Job Cost 350,000.00

**General Contractor Information**

Robert Pope Builders, LLC 919.868.2912  
 Building Contractor's Company Name Telephone  
901 W. Pursuant St. Durham, 28334 robert.pope.builders@gmail.com  
 Address Email Address  
79853 **HEATED SQ FT 2445** **GARAGE SQ FT 621**  
 License #

**Electrical Contractor Information**

Description of Work new SFD Service Size: 200 Amps T-Pole:  Yes  No  
Parkers Electric 910.984.6810  
 Electrical Contractor's Company Name Telephone  
167 Stonehenge Dr. Durham NC 28334 parkerselectric2017@gmail.com  
 Address Email Address  
SPSFD 31658  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work new SFD  
BJS Air Conditioning 919.894.5151  
 Mechanical Contractor's Company Name Telephone  
5446 Elevation Rd. Benson NC 27504  
 Address Email Address  
4256  
 License #

**Plumbing Contractor Information**

Description of Work new SFD # Baths \_\_\_\_\_  
ER Glover Plumbing 919.820.0026  
 Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson NC 27504  
 Address Email Address  
7958  
 License #

**Insulation Contractor Information**

Parker Brothers Insulation 910.990.5928  
 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

8/12/21

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: Robert M. [Signature] manager

Date: 8/12/21