



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: Saime Investments LLC Date: 08/16/2021  
Site Address: 76 Deer View Sanford NC Phone: 919 478 3428  
Subdivision: CAROLINA HILLS Lot: \_\_\_\_\_  
Description of Proposed Work: New Single Family Home Total Job Cost: \$ 140000

**General Contractor Information**

Godon Construction 919 770 1070  
Building Contractor's Company Name Telephone  
645 Spring lane Sanford NC godonconstruction@gmail.com  
Address Email Address  
46172 **HEATED SQ FT 1560** **GARAGE SQ FT**  
License #

**Electrical Contractor Information**

Description of Work New Electrical Service Size: 200 Amps T-Pole:  Yes  No  
Collins Heating Air and Electrical (919) 498-4830  
Electrical Contractor's Company Name Telephone  
9490 old 421 Broadway Nc \_\_\_\_\_  
Address Email Address  
17277L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Mechanical / HVAC  
Collins Heating and Air and Electrical (919) 498-4830  
Mechanical Contractor's Company Name Telephone  
9490 old 421 Broadway Nc \_\_\_\_\_  
Address Email Address  
8276 Nc  
License #

**Plumbing Contractor Information**

Description of Work New plumbing # Baths 2  
Titan's Plumbing LLC 919-902-0990  
Plumbing Contractor's Company Name Telephone  
PO box 1045 Dunn Nc \_\_\_\_\_  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

Morelas Construction INC 919 478 3428  
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.

David Perez Saime  
Signature of Owner/Contractor/Officer(s) of Corporation

08/16/2021  
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: David Perez Saime, SAIME INVESTMENTS INC Date: 08/16/2021