



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: Sarme Investments INC Date: 08/16/2011
Site Address: 56 Stone Wood Phone: 919 478 3428
Subdivision: Carolina Hills Lot: _____
Description of Proposed Work: New Single Family Home Total Job Cost: \$ 140000

General Contractor Information

Godan Construction Telephone 919 7701070
Building Contractor's Company Name
645 Spring lane Sanford NC godanconstruction@gmail.com
Address Email Address

46172 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work New Electrical Service Size: 200 Amps T-Pole: Yes No
Collins Heating and Air and Electrical Telephone (919) 498-4830
Electrical Contractor's Company Name
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 Telephone 919 498-4830
Mechanical Contractor's Company Name
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 Telephone 919 902-0990
Plumbing Contractor's Company Name
PO box 1045 Dunn NC
Address Email Address
34800
License #

Insulation Contractor Information

Morelos Construction INC Telephone 919 478 3428
Insulation Contractor's Company Name & Address

***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 Jaime
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 J, JAIME INVESTMENT INC Date: 08/16/2021