



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: Southern Built, LLL Date _____
Site Address: 1359 Cobb Road, Benson Phone 919-8682515
Subdivision: NOT IN SUBDIVISION Lot 4
Description of Proposed Work: New single family Total Job Cost _____

General Contractor Information

Southern Built, LLC 919-868-2515
Building Contractor's Company Name Telephone
PO Box 1112 Clinton NC 28329 juliestancilmoores@gmail.com
Address Email Address
77897 HEATED SQ FT 1514 GARAGE SQ FT 420

License # _____

Electrical Contractor Information

Description of Work SFD Service Size: 210 Amps T-Pole: Yes No
SNO Electrical 919-427-6952
Electrical Contractor's Company Name Telephone
19655 NC Hwy 210 Angier NC 27501
Address Email Address

License # 13075-L

Mechanical/HVAC Contractor Information

Description of Work SFD
Stephenson Heating & Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shypwash Dr. Garner NC 27529
Address Email Address

License # 18644

Plumbing Contractor Information

Description of Work SFD # Baths 2
Barnes Plumbing Inc 919-422-2133
Plumbing Contractor's Company Name Telephone
239 Millwood Lane Angier NC 27524
Address Email Address

License # P17735

Insulation Contractor Information

Tatum Insulation 519 Old Drug Store Rd 919-661-0999
Insulation Contractor's Company Name & Address Telephone
Garner NC 27529

*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.

Julie S Moore
Signature of Owner/Contractor/Officer(s) of Corporation

9/17/21
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: Julie S Moore

Date: 9/17/21