

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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

## **Application for Residential Building and Trades Permit**

| Owner's Name: JSJ Builders Inc                                | Date 9/22/2021  |
|---|---|
| Site Address: 24 Rainy Beck Way, Erwin 28339                  | Phone 910 - 438 - 0796  |
| Subdivision: Williams Farm                                    | Lot 29  |
| Description of Proposed Work: New Construction - Single fam   |   |
| General Contractor Ir   |   |
| JSJ Builders Inc  | 910 - 438 - 0796  |
| Building Contractor's Company Name                            | Telephone   |
| 1135 Robeson St., Fayetteville NC, 28305                      | mcentenojsj@gmail.com   |
| Address   | Email Address   |
| 55120 HEATED SQ FT 1,920 G                                    | ARAGE SQ FT 517   |
| License #   |   |
| Description of Work New Construction Ser                      | <u>nformation</u><br>vice Size: <sup>200</sup> Amps   T-Pole: <u> ×  </u> Yes <u> </u> No |
| Buford Electric Inc   | 910-818-0994  |
| Electrical Contractor's Company Name                          | Telephone   |
| 948 Pan Dr, Hope Mills, NC 28348                              | thomasdbuford@yahoo.com   |
| Address   | Email Address   |
| 31424-U   |   |
| License #   |   |
| Mechanical/HVAC Contrac                                       | <u>etor Information</u>   |
| Description of Work New Construction                          |   |
| Ceritfied Heating and Air                                     | 910-858-0000  |
| Mechanical Contractor's Company Name                          | Telephone   |
| PO BOX 1071, Hope Mills, NC 28348                             |   |
| Address   | Email Address   |
| 20012H31  |   |
| License # Plumbing Contractor                                 | Information   |
| Description of Work New Construction                          | # Baths 2.5   |
| Titan's Plumbing LLC  | (919) 624-4292  |
| Plumbing Contractor's Company Name                            | Telephone   |
| PO BOX 1045, Dunn, NC 28335                                   | business@titansplumbing.com   |
| Address   | Email Address   |
| 34800   |   |
| License #   |   |
| Insulation Contractor   |   |
| Tri City Insulation, 334 E Mountain Dr, Fayetteville, NC 2830 |   |
| 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.

9/22/2021

Date

Kevin Shortridge, Vice President

Signature of Owner/Jontractor/Officer(s) of Corporation

| 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: Kevin Shortridge, Vice President Date: 9/22/2021  |  |