



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 # _____

* 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: Jon and Jody Prevette Date _____

Site Address: 369 Peach Farm Rd Phone 910-489-1544

Subdivision: _____ Lot _____

Description of Proposed Work: New Single Family Dwelling Total Job Cost \$547,800.00

General Contractor Information

Brad D. Cummings Const. Co. Inc. 919-770-4693

Building Contractor's Company Name Telephone

Post Office Box 145 brad_cummings@yahoo.com

Address Email Address

68866 HEATED SQ FT 3086 GARAGE SQ FT 890

License # _____

Electrical Contractor Information

Description of Work New electrical Service Size: 400 Amps T-Pole: x Yes ___ No

Pioneer Electric, Inc. 919-499-7767

Electrical Contractor's Company Name Telephone

80 Neil Thomas Rd Email Address

Address

21643 License # _____

Mechanical/HVAC Contractor Information

Description of Work New HVAC Carolina Air, Inc. 910-947-7707

Mechanical Contractor's Company Name Telephone

3700 US 15/501 Email Address

Address

23549 License # _____

Plumbing Contractor Information

Description of Work New Plumbing # Baths _____

Wagner Plumbing, Inc. 910-890-2299

Plumbing Contractor's Company Name Telephone

Address Email Address

31576 License # _____

Insulation Contractor Information

Tri City Insulation, Inc. 910-486-8855

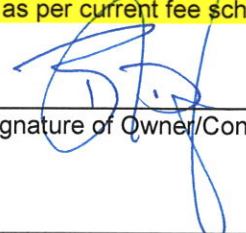
Insulation Contractor's Company Name & Address Telephone

*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

5/31/2022

 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:

5/31/2022

 Date: