

Application # SFD2110-0039

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

<u>Application for Residential Building and Trades Permit</u>

Owner's Name: Cheyenne Developers LLC	Date:10/26/2021
Site Address: 109 Hawks Croft Cr, Erwin, NC	Phone: 919-639-2231
Subdivision: Wildwood	Lot: <u>13</u>
Description of Proposed Work: New SFD	Total Job Cost: <u>153,000</u>
General Contractor Infor	mation
Freedom Constructors Inc of Dunn	910-892-1231
Building Contractor's Company Name	Telephone
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM
Address	Email Address
11590 UL HEATED SQ FT 1658 GARA	AGE SQ FT 576
License #	
Electrical Contractor Info	
	e Size: 200 Amps T-Pole: x Yes No
Wester & Pace Electric, INC	919-498-4948 Talanhana
Electrical Contractor's Company Name	Telephone
614 Leslie Rd, Sanford, NC Address	<u>williamwester@gmail.com</u> Email Address
	Email Address
12007-U License #	
Mechanical/HVAC Contractor	Information
Description of Work New SFD Mechanical	
J & M Heating and Air Condition Co Inc	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net
Address	Email Address
L.17164	
License #	
Plumbing Contractor Info	<u>rmation</u>
Description of Work Plumb new SFD	# Baths2
LR Glover Plumbing Co	919-894-5892
Plumbing Contractor's Company Name	Telephone
111 Carolyn Drive, Benson,NC 27504	
Address	Email Address
L.07958	
License #	
Insulation Contractor Info	
Insulating Inc 5902 Fayetteville Rd, Raleigh, NC	919-772-9000
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

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Timothy W. Tart Signature of Owner/Contractor/Officer(s) of Corporation	10/26/2021 Date	
orginatare of Owner, Continued (e) or Corporation	Bute	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner X Offi	cer/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:		
X 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.		
$\frac{X}{\text{covering themselves}}$ 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: Timothy M. Tart Estimating N	/lgrDate:10/26/2021	
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