



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: PoP Homes – RDU, LLC Date 10/16/21

Site Address: 76 Ben Ct Bunnlevel Phone 919-525-5856

Subdivision: Ben Woods Lot 4 \_\_\_\_\_

Description of Proposed Work: New Single Family Residence Total Job Cost \$140,696

**General Contractor Information**

PoP Homes, LLC \_\_\_\_\_ Telephone -336-362-0954

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
3514 Savannah Way Monroe, NC 28110 \_\_\_\_\_ scott@mypophomes.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

83740 \_\_\_\_\_ **HEATED SQ FT** 2000 \_\_\_\_\_ **GARAGE SQ FT** 399 \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Wire new home \_\_\_\_\_ Service Size: 200 Amps T-Pole:  Yes  No

W3 Electric Inc \_\_\_\_\_ Telephone 919-550-7341  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

308 W Main St STE A Clayton NC 27528 \_\_\_\_\_ siones@w3electric.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

U.34522 \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work HVAC new home \_\_\_\_\_

Caryl Mechanicals II Inc \_\_\_\_\_ Telephone 704-882-4522  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

5910 Stockbridge Dr Monroe, NC 28110 \_\_\_\_\_ thall@carylmechanicals.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

L.16647 \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumb new home \_\_\_\_\_ # Baths 2.5

Thornton's Plumbing, Inc \_\_\_\_\_ Telephone 919-550-4833  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

3160 A Vinson Rd Clayton, NC 27527 \_\_\_\_\_ tpioffice2@gmail.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

L.22152 \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

TriCity Insulation 2701 Rowland Dr STE 300 Raleigh, NC 27615 \_\_\_\_\_ Telephone 252-243-4999  
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

Date 10/29/21

**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: PRESIDENT

Date: 10/26/21