



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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.

Application for Residential Building and Trades Permit

Owner's Name: Jaime Investments INC Date: 10/20/2021
Site Address: 57 Stone wood Ln Sanford NC Phone: _____
Subdivision: Carolina Hills Lot: _____
Description of Proposed Work: New Single Family Construction Total Job Cost: \$140000

General Contractor Information

Gordon Construction Company Telephone: 919 7701070
Building Contractor's Company Name
323 steel st Sanford NC
Address Email Address
46272 HEATED SQ FT 1560 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Collins Heating and Air and Electrical Telephone: 919 498 4830
Electrical Contractor's Company Name
9490 old 421 Broadway NC
Address Email Address
17277L
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Collins Heating and Air and Electrical Telephone: 919 498 4830
Mechanical Contractor's Company Name
9490 old 421 Broadway NC
Address Email Address
8276 NC
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2
Tetars Plumbing LLC Telephone: 919 902 0990
Plumbing Contractor's Company Name
Po Box 1045
Address Email Address
34800
License #

Insulation Contractor Information

Morelos Construction 2512 Watson Ave Telephone: 919 4783428
Insulation Contractor's Company Name & Address Sanford NC

***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.

David Perez
Signature of Owner/Contractor/Officer(s) of Corporation

10/20/2021
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: David Perez Same

Date: 10/20/2021