



Application # SFD2110-0124

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: Devin Hofner Date: 2/15/2022

Site Address: 973 DL Phillips Ln. Broadway, NC 27505 Phone: 651-269-2436

Subdivision: _____ Lot: _____

Description of Proposed Work: New SFD Total Job Cost: 348,000

General Contractor Information

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 SF** 3123 **GARAGE** 955

License # _____

Electrical Contractor Information

Description of Work Wire New SFD Service Size: 200 Amps T-Pole: x Yes No

Wester & Pace Electric, INC 919-499-5602

Electrical Contractor's Company Name Telephone

614 Leslie Rd, Sanford, NC williamwester@gmail.com

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 Information

Description of Work Plumb new SFD # Baths 4-1/2

L.R. Glover Plumbing Inc 919-820-0026

Plumbing Contractor's Company Name Telephone

111 Carolyn Dr. Benson, NC _____

Address Email Address

L.07958

License # _____

Insulation Contractor Information

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.**



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.

Timothy M. Tart

2/15/2022

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

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: *Timothy M. Tart*

Estimating Mgr

Date: 2/15/2022