



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: RODDIE & CELESTE WILBOURN Date: 11-1-21
Site Address: JAMES NORRIS RD ANGIER 27501 Phone: 919 669 6888
Subdivision: _____ Lot: 1
Description of Proposed Work: BUILD NEW HOUSE Total Job Cost: 150,000

General Contractor Information

Self
Building Contractor's Company Name Telephone 919-669-6888
P.O. Box 579 ANGIER, NC 27501 Email Address RobbieWilbourn@yahoo.com
Address

HEATED SQ FT 1401 GARAGE SQ FT 336

License # _____

Electrical Contractor Information

Description of Work Rough + trim Electrical Service Size: 200 Amps T-Pole: Yes No
Buford Electric Telephone 910-491-5490
Electrical Contractor's Company Name
948 Ranch Hope Mills NC 28348 Email Address diane.bufordElectric@gmail.com
Address

31424-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work Rough + trim HVAC New Const.
Certified Heating + Air Telephone 910 858-0000
Mechanical Contractor's Company Name
PO Box 1071 Hope Mills NC 28348 Email Address lisa.certifiedheatingandair@gmail.com
Address

H3C120012
License # _____

Plumbing Contractor Information

Description of Work Plumb 2 bath house # Baths 2
Dell Haire Plumbing Telephone 910 429 9939
Plumbing Contractor's Company Name
PO Box 65048 Fayetteville NC 28306 Email Address Montebeard@MSN.com
Address

P32886
License # _____

Insulation Contractor Information

A-1 Insulation PO Box 180 Hope Mills Telephone 910-850-3462
Insulation Contractor's Company Name & Address 28348

*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

11-1-21

 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: _____

Date: 11-1-21