



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

CTM
3-11-22

Owner's Name: Craig T. Matthews Date: 11-9-21
Site Address: 11 North Poole St Coats NC 27521 Phone: 910-890-4330
Subdivision: Graceton Ridge Lot: # 3
Description of Proposed Work: new single family dwelling Total Job Cost: _____

General Contractor Information

Craig Matthews Realty Inc. 910-890-4330
Building Contractor's Company Name Telephone
PO Box 399 Coats NC 27521 cmathewsrealty@gmail.com
Address Email Address

44664 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work new house Service Size: 200 Amps T-Pole: Yes No
Parker Electric 910-984-6810
Electrical Contractor's Company Name Telephone
167 Stonehenge Drive Dunn NC 28334
Address Email Address
331658 SP-SFD
License #

Mechanical/HVAC Contractor Information

Description of Work new house heat pump
Cold South Mechanical 919-800-7918
Mechanical Contractor's Company Name Telephone
1929 NC 42 Hwy Willow Spring NC 27592
Address Email Address
31355
License #

Plumbing Contractor Information

Description of Work new house
~~Gilbert Plumbing Co Inc.~~ Mike Smith Plumbing 2
Plumbing Contractor's Company Name Telephone
~~1638 Timothy Rd. Dunn NC 28334~~ 910-214-1294
Address 109 Abilitzd Lane 919-868-3060
~~18200~~ Angier NC 27501
License # Email Address

Insulation Contractor Information

Insulating Inc. 1212 Home Court Raleigh NC. 919-772-9000
Insulation Contractor's Company Name & Address Telephone
27603

*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.

Craig Z. Matthews

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

~~11-9-21~~

Date

3-11-22
CTM

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: *Craig Z. Matthews (President)*

Date: *11-9-21*