



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

Application # _____

* 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: Dudley Hunt & Emily P. Hunt Date _____
 Site Address: 664 Manor Hills RD, Lillington, NC 27546 Phone 850-324-6494
 Subdivision: MANOR Hills Lot 3
 Description of Proposed Work: new single family home Total Job Cost _____

General Contractor Information

Custom Contracting Corporation Telephone 919-775-1497
 Building Contractor's Company Name
1504 S. Horner Blvd., Sanford, NC 27330 varacej@gracecompanies.com
 Address Email Address
8664 HEATED SQ FT 1611 GARAGE SQ FT 0
 License #

Electrical Contractor Information

Description of Work New Electric Service Service Size: _____ Amps T-Pole: Yes No
Ringed Electrical Contractors Telephone 910-237-5690
 Electrical Contractor's Company Name
P.O. Box 65074, Fayetteville, NC 28396 ringled@nc.rr.com
 Address Email Address
20555-L
 License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC and duct system
Affordable Heating & AC Telephone 919-498-2791
 Mechanical Contractor's Company Name
P.O. Box 326, Lenoir Springs, NC 28355 highflying4x4@gmail.com
 Address Email Address
20046
 License #

Plumbing Contractor Information

Description of Work New plumbing # Baths 2
Reliable Plumbing Telephone 919-775-5782
 Plumbing Contractor's Company Name
1480 Zion Church Rd, Sanford, NC 27330 reliableplumbing@windstream.net
 Address Email Address
7151
 License #

Insulation Contractor Information

Prime Energy Telephone 919-615-3195
 Insulation Contractor's Company Name & Address

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots · new growth



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.

Van R. Shoaf
Signature of Owner/Contractor/Officer(s) of Corporation

4/6/22
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: Van R. Shoaf V.P. Custom Contracting Date: 4/6/22