

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: Freedom Constructors Inc of Dunn  | Date: 3/10/2022                  |
|---|----------------------------------|
| Site Address: 117 Ramble Falls Lane, Erwin  | Phone: 910-892-1231              |
| Subdivision: Wildwood   | Lot: 4                           |
| Description of Proposed Work: New SFD   | Total Job Cost:25 000            |
| General Contractor Info   | rmation                          |
| 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 SQ FT 1658 GAR  | AGE SQ FT 576                    |
| License #   |                                  |
| Electrical Contractor Info  |                                  |
|   | e Size: 200 Amps T-Pole: XYes No |
| Wester & Pace Electric, INC   | 919-498-4948                     |
| Electrical Contractor's Company Name  | Telephone                        |
| 614 Leslie Rd, Sanford, NC  | williamwester@gmail.com          |
| Address   | Email Address                    |
| 12007-U   |                                  |
| License #  Mechanical/HVAC Contractor   | Information                      |
|   | <u> Illioilliation</u>           |
| Description of Work New SFD Mechanical  | 040.007.5504                     |
| 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 #   | rmation                          |
| Plumbing Contractor Info  |                                  |
| Description of Work Plumb new SFD   | # Baths 2                        |
| Gilbert Plumbing Co, Inc.   | 910-567-6361                     |
| Plumbing Contractor's Company Name  | Telephone                        |
| 1638 Timothy Rd, Dunn, NC 28334   | gpci@intrstar.net                |
| Address   | Email Address                    |
| L.10929   |                                  |
| License #   | ormation                         |
| Insulating Inc 5002 Favottovilla Pd. Palaigh NC   |                                  |
| Insulating Inc 5902 Fayetteville Rd, Raleigh, NC Insulation Contractor's Company Name & Address | 919-772-9000<br>Telephone        |
| modiation Contractor o Company Name & Address   | i elebitorie                     |

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



**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.

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|---|--|--|
| Timothy W. Tart Signature of Owner/Contractor/Officer(s) of Corporation   | 3/9/2022   |  |
| 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 X O  | fficer/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:   |  |  |
| X Has three (3) or more employees and has obtained v  |  |  |
| Has one (1) or more subcontractors(s) and has obtaithem.  | ned workers' compensation insurance to cover     |  |
| $\underline{\underline{X}}$ Has one (1) or more subcontractors(s) who has their covering themselves.  | own policy of workers' compensation insurance    |  |
| Has no more than two (2) employees and no subcon  | tractors.  |  |
| While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitted carrying out the work. | overage of worker's compensation insurance prior |  |
| Sign w/Title: Timothy M. Tart Estimating  | Mgr Date: 3/9/2022                               |  |