

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application #

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 for Residential Building and Trades Permit

Owner's Name: Vola Keuta Frazee and Patricia Griffin Fraze	. ee	Date 11-23-2021
Site Address: TBD S. Lincoln St. , Coats , NC 27521	Phone	
Subdivision: NA	Lot	
Description of Proposed Work: Construction of new SFD	_ Total Job Cost	\$ 495,000,00
General Contractor Information		
Barefoot Building Company, L.L.C. Building Contractor's Company Name	(910) 890 - Telephone	3256
P.O. Box 1411 , Coats , NC 27521 Address	wrbare foo Email Address	+ e yahoo.com
Elicense #		
Description of Work installation of electrical Service Size:	n DON_Amps_T-F	Pole:YesNo
Wester + Pace Electric Inc. System Electrical Contractor's Company Name	Telephone	99 - 5389
Address Rd. Sanford, NC	Email Address	
U. 12007 License #		
Mechanical/HVAC Contractor Inform	ation	
Description of Work installation of HVAC system		
J+M Heating + Air Condition Co., Inc.	(910) 897	-5501
Mechanical Contractor's Company Name	Telephone	
724 Turlington Rd., Dunn, NC 28334	Email Address	
Address L. 17164	Email Address	
License #		
Plumbing Contractor Informatio	<u>n</u>	1
Description of Work installation of plumbing system	# Baths 3 Fu	11 3 Helf
Fred Arthur Chris Lecuyer III		925/(919)894-727
Plumbing Contractor's Company Name	Telephone	
115 Keyman Drive, Coats, NC 27521		
Address	Email Address	
L. 30173 License #		
Insulation Contractor Information	on	
		- 8365
Insulation Contractor's Company Name & Address	Telephone	
Stephens Building Products, LLC Insulation Contractor's Company Name & Address 1200 Corporation PKmg, Suite 121, Releigh	, NC 276	10
*NOTE: General Contractor / owner must fill out and sign the	second page of t	his 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.

Me / 1/-23-2021
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: 11/23/2021