



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

* 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: John Hiester Date 12/22/21
Site Address: 260 Dauphine St. Fuquay-Varina NC 27526 Phone: 919-414-4783
Subdivision: No Lot #17
Description of Proposed Work: New construction, single family dwelling Total Job Cost: 160,000

General Contractor Information

Southern Concepts LLC Telephone: 919-414-4783
Building Contractor's Company Name
2673 Oakridge River Rd. Fuquay-Varina NC 27526 Email Address: southernconcepts@embarqmail.com
Address
86645 HEATED SQ FT: 1361 GARAGE SQ FT: NA
License #

Electrical Contractor Information

Description of Work: New construction electrical Service Size: 200 Amps T-Pole: X Yes No
Common Ground Electric 919-478-3092
Electrical Contractor's Company Name Telephone
222 Fox Run Ct. Benson NC, 27504 NA
Address Email Address:
SSD32654
License #

Mechanical/HVAC Contractor Information

Description of Work: New construction, install HVAC system
Superior Heating and Cooling 910-890-2812
Mechanical Contractor's Company Name Telephone
9314 NC 42 Hwy, Holly Springs, NC 27540 imillersheatingandcooling@gmail.com
Address Email Address
33958
License #

Plumbing Contractor Information

Description of Work: New construction plumbing # Baths: 3 bed 2 bath
Eric Price 910-890-1350
Plumbing Contractor's Company Name Telephone
19 CT Thomas Lane, Lillington NC, 27546 NA
Address Email Address
P2-34384
License #



Insulation Contractor Information

Yolanda Vargas 2001 Blunt Creek Rd Clayton NC 27520

919-291-2438

Insulation Contractor's Company Name & Address

Telephone

***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.

Yolanda Vargas

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

12/22/21

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:

Yolanda Vargas

Date: 12/22/21