



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: Daniel & Destiny Watt Date: 11-22-21
Site Address: 32 White Tail Path Erwin Phone: 910-777-8699
Subdivision: Thruater Creek Lot: 7
Description of Proposed Work: Build 3 bed 2.50 bath 3194^{sq ft} Total Job Cost: 482,294.00

General Contractor Information

Stand Sure Custom Homes Inc. 910-890-6870
Building Contractor's Company Name Telephone
P.O. Box 1072 Coats NC 27521 Stand sure homes@gmail.com
Address Email Address
70922 **HEATED SQ FT 3194 GARAGE SQ FT 514**
License #

Electrical Contractor Information

Description of Work Rough in & Trim of Home Service Size: 200 Amps T-Pole: Yes No
Amped Electric LLC 919-625-0180
Electrical Contractor's Company Name Telephone
510 Denning Rd Benson NC 27504 Ampedelectricnc@yahoo.com
Address Email Address
30129-1
License #

Mechanical/HVAC Contractor Information

Description of Work Rough in & trim of New home
Beasley Heating + Air Conditioning 919-894-4248
Mechanical Contractor's Company Name Telephone
57 W. C. Beasley Lane Coats NC 27521 Beasleyhvac@aol.com
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work Do rough in and trim out of Home # Baths 2.5
L.R. Glover Plumbing Inc. 919-820-0026
Plumbing Contractor's Company Name Telephone
P.O. Box 764 Benson NC 27504
Address Email Address
7958
License #

Insulation Contractor Information

Tri-City Insulation 334 E. Mountain Dr. 910-486-8855
Insulation Contractor's Company Name & Address Telephone
Fayetteville

*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.

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

11-22-21
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: Chad Anderson President Date: 11-22-21