



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: J Matthews Builder/Developer LLC Date: 12/15/21
Site Address: 34 Quail Hollow Phone: 919-291-1104
Subdivision: Carolina Lakes Lot: 63 I
Description of Proposed Work: SFD Total Job Cost: \$ 240,000.

General Contractor Information

J Matthews Builder/Developer LLC 919-291-1104
Building Contractor's Company Name Telephone
782 Penny Rd Angier, NC 27501 jdmattews056@gmail.com
Address Email Address
65214 **HEATED SQ FT** 2435 **GARAGE SQ FT** 716
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: Yes No
RST Electric 919-291-8766
Electrical Contractor's Company Name Telephone
3376 Zack's Mill Rd Angier, NC 27501
Address
~~26202-1~~ 26202-1
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills NC 28348
Address
20012
License #

Plumbing Contractor Information

Description of Work SFD # Baths _____
L R Mora Inc. 919-820-0026
Plumbing Contractor's Company Name Telephone
PO Box 764 Benson, NC 27504
Address
7958 P1
License #

Insulation Contractor Information

Tri City Ins. 910-486-8855
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.

James R. Matthews
Signature of Owner/Contractor/Officer(s) of Corporation

12/15/21
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: *James R. Matthews gen-manager* Date: 12/15/21