

Application #

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

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: Jerry Waddell	_{Date} 11/19/2021
Site Address: 543 Old Buies Creek Rd.	Phone 919-369-7955
Subdivision: Minor Subdivision for David and Gail Waddell	Lot 5
Description of Proposed Work: SFD	Total Job Cost\$400,000
General Contractor Information	
Waddell Group Properties LLC	919-369-7955
Building Contractor's Company Name	Telephone
518 Matthews Mill pond Rd	toddw@apr-nc.com
Address	Email Address
86869 HEATED SQ FT 3365 GARAGE SG	Q FT 600
License #	
Description of Work Service Size:	<u>on </u>
Electrical Innovaters	919-279-7177
Electrical Contractor's Company Name	Telephone
PO Box 73 , Angier, NC 27501	·
Address	Email Address
L29238	
License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work SFD	
Stephensons Heating and Air	919-329-0686
Mechanical Contractor's Company Name	Telephone
329 Shipwash Dr, Garner	E 2001
Address 18644	Email Address
License #	
Plumbing Contractor Informatio	on
Description of Work SFD	# Baths_2-1/2
BP Plumbing	919-553-4455
Plumbing Contractor's Company Name	Telephone
PO Box 934 Clayton, NC 27528	jeromy@bpplumbing.com
Address	Email Address
L.27132	
License #	
Insulation Contractor Information Tatum Insulation	
Insulation Contractor's Company Name & Address	919-661-0999 Telephone
INSURANCE COMPACIONS COMPANY INCOME & AUDITESS	LEIEUTUTE

*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.

12/21/2021

Todd Waddell

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: Todd Waddell 12/21/2021 Date: