



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: McKee Homes, LLC Date: 10JAN22
Site Address: 85 Glenwood ct. Phone: 910-475-7100,727
Subdivision: Anderson Creek Carriage Glen - Lot: 1015
Description of Proposed Work: New Construction - Single Family Total Job Cost: 211,375

General Contractor Information

McKee Homes, LLC 910-475-7100
Building Contractor's Company Name Telephone
4208 Six Forks Rd, Ste 810, Raleigh, NC 27609 noleson@mckeehomesnc.com
Address Email Address
82453 HEATED SQ FT 2225 GARAGE SQ FT 436
License #

Electrical Contractor Information

Description of Work Electric - Single Family Home Service Size: 200 Amps T-Pole: Yes ___ No
J.M. Pope Electric 919-776-5814
Electrical Contractor's Company Name Telephone
409 Chatham St, Sanford, NC 27330 jmpopeelectric@gmail.com
Address Email Address
21326 - L
License #

Mechanical/HVAC Contractor Information

Description of Work Mechanical/ HVAC - Single Family
Certified Heating and Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071, Hope Mills, NC 28348 certifiedheatair@embarqmail.com
Address Email Address
2012 H3-1
License #

Plumbing Contractor Information

Description of Work Plumbing - Single Family # Baths 2
Dell Haire Plumbing 910-818-4863
Plumbing Contractor's Company Name Telephone
7612 Documentary Dr, Fayetteville, NC 28306 dellhaireplumbing@hotmail.com
Address Email Address
32886 P1
License #

Insulation Contractor Information

Cumberland Insulation 910-484-7118
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.

Nicole Olsson

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

10JAN22

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: *Nicole Olsson* Pre Construction Coordinator Date: 10JAN22