

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: <u>10JAN22</u>
Site Address: 85 Glenwood ct.	Phone: 910-475-7100,727
Subdivision: Anderson Creek Carriage Glen -	<u> Lot: 1015</u>
Description of Proposed Work: New Construction - Single Family	Total Job Cost: <u>211,</u> 375
General Contractor Information	<u>1</u>
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 SC	2 FT 436
License #	
Electrical Contractor Informatio	
Description of Work Electric - Single Family Home Service Size:	200 Amps 1-Pole: <b>▼</b> 1YesNo 919-776-5814
J.M. Pope Electric	719-776-3614 Telephone
Electrical Contractor's Company Name 409 Chatham St, Sanford, NC 27330	•
Address	jmpopeelectric@gmail.com Email Address
21326 - L	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
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	<u>on</u>
Description of Work Plumbing - Single Family	_# Baths2
Dell-Haire-Plumbing VANCE JOHNSON PLUMBING	9 <del>10-818-486</del> 3 910-424-6712
Plumbing Contractor's Company Name	Telephone
7612-Docmentary-Dr, Fayetteville, NC-28306	delthaireptumbing@hotmait.com
Address 3242 Mid Pine Rd, Fayetteville, NC 28306 32886 P1 20072	Email Address AKNAPP@VJPLUMBING.ORG
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.



**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 Oleson	10JAN22	
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:		
X General Contractor Owner 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.		
$\frac{\mathbf{X}}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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: Nicola Olason Pre Constr	uction Coordinator <sub>Date:</sub> 10JAN22	