

Application # SFD2201-0033

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

<u>Application for Residential Building and Trades Permit</u>

Owner's Name: Max and Barabara Henries	Date: <u>4/12/2022</u>		
Site Address: 56 Gemini Lane	Phone: 919-285-6360		
Subdivision:			
Description of Proposed Work: New SFD	Total Job Cost:170,000		
General Contractor Info	rmation_		
Freedom Constructors Inc of Dunn	910-892-1231		
Building Contractor's Company Name	Telephone		
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM		
Address	Email Address		
11590 UL HEATED SQ FT 1635 GAR	AGE SQ FT N/A		
License #	107.		
Electrical Contractor Info			
Description of Work Wire New SFD Service	e Size: 200 Amps T-Pole: x Yes No		
Wester & Pace Electric, INC	919-498-4948		
Electrical Contractor's Company Name	Telephone		
614 Leslie Rd, Sanford, NC	williamwester@gmail.com		
Address	Email Address		
12007-U			
License #	. Information		
Mechanical/HVAC Contractor	'information		
Description of Work New SFD Mechanical			
J & M Heating and Air Condition Co Inc	910-897-5501		
Mechanical Contractor's Company Name	Telephone		
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net		
Address	Email Address		
L.17164			
License #			
Plumbing Contractor Info	<u>ormation</u>		
Description of Work Plumb new SFD	# Baths2		
LR Glover Plumbing Co	919-894-5892		
Plumbing Contractor's Company Name	Telephone		
111 Carolyn Drive, Benson,NC 27504			
Address	Email Address		
L.07958			
License #			
Insulation Contractor Info			
Insulating Inc 5902 Fayetteville Rd, Raleigh, NC	919-772-9000		
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.

Timothy W. To Signature of Owner/Contractor	art		4	4/12/2022		
Signature of Owner/Contractor	r/Officer(s) of Cor	rporation	Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
General Contractor	Owner	X	_ Officer/Agent	of the Contractor	or Owner	
Do hereby confirm under penset forth in the permit:	alties of perjury th	at the pe	erson(s), firm(s)	or corporation(s) p	performing the work	
X 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.						
X 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 to Department issuing the permit to issuance of the permit and carrying out the work.	t may require cert	ificates o	of coverage of w	vorker's compensa	tion insurance prior	
Sign w/Title: Timothy M	1. Tart	Estimat	ing Mgr	Date:	4/12/2022	
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