



Application # \_\_\_\_\_

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

\* 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: Brian Hudson Date 1-31-22

Site Address: 3136 US 301 South Phone NA

Subdivision: NA Lot NA

Description of Proposed Work: SFD Total Job Cost \$450,000

**General Contractor Information**

Whittenton Builders Enterprise 919-427-8465  
Building Contractor's Company Name Telephone

863 Neighbors Road Dunn NC 28334 todd@whittentonbuilders.com  
Address Email Address

48607 **HEATED SQ FT** 3054 **GARAGE SQ FT** 966  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps T-Pole:  Yes  No

Mabry's Electrical Service 919-639-4837  
Electrical Contractor's Company Name Telephone

731 Mabry Road Angier NC 27501 \_\_\_\_\_  
Address Email Address

15077U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Beasley's Heating & Air 919-894-4248  
Mechanical Contractor's Company Name Telephone

57 WC Beasley Lane Coats NC 27529 \_\_\_\_\_  
Address Email Address

9497  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 3.5

Steven Stanley Plumbing 919-963-9630  
Plumbing Contractor's Company Name Telephone

2287 Parker Road Four Oaks NC 27524 \_\_\_\_\_  
Address Email Address

20013  
License #

**Insulation Contractor Information**

Tatum Insulation 519 Old Drug Store Road Garner 919-661-0999  
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.**

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

1-31-22  
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: Wraig Byrd P/M Date: 1-31-22