



Application # SFD2203-0017

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: Mark Judd Date: 4-13-22  
Site Address: 279 Willowcroft Ct Dunn, NC Phone: 919-434-5847  
Subdivision: Willowcroft Lot: \_\_\_\_\_  
Description of Proposed Work: New single Family Total Job Cost: 300,000

**General Contractor Information**

Keith Bullock Builders Inc 919-427-4628  
Building Contractor's Company Name Telephone  
72 Overlook Ct. Angier, NC 27501 Kbbinc14@gmail.com  
Address Email Address  
47504 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Service Size: 200 Amps T-Pole:  Yes  No  
Dean Electrical LLC 919-669-6063  
Electrical Contractor's Company Name Telephone  
2793 Baptist Grove Rd. Fuquay-Varina  
Address Email Address  
29839-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New  
JC's Heating & Air Conditioning Service 919-552-3053  
Mechanical Contractor's Company Name Telephone  
1539 Wade Stephenson Rd Holly Springs  
Address Email Address  
H-3 18655  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New # Baths 3  
LR Clover Plumbing Inc 919-884-5892  
Plumbing Contractor's Company Name Telephone  
PO Box 764 Benson  
Address Email Address  
PO 7958  
License # \_\_\_\_\_

**Insulation Contractor Information**

Stephens Building Products LLC 919-630-8365  
Insulation Contractor's Company Name & Address Telephone  
1200 Corporation Drwy. Raleigh

\*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.

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

4-13-22  
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:  Resident    Date: 4-13-22