



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: Carolina Construction & Restoration LLC & Boris Jovanovic Date: 3/8/2022
Site Address: 44 Sweet Home Ct Lillington, NC 27546 Phone: 910-303-1771
Subdivision: Morgan Farms Lot: _____
Description of Proposed Work: New SFD Total Job Cost: \$400,000

General Contractor Information

Carolina Construction & Restoration, LLC 910-303-1771
Building Contractor's Company Name Telephone
311 W. Front St. Po Box 203 Lillington 27546 Jim@CCRestoration.com
Address Email Address
70494 HEATED SQ FT 3061 GARAGE SQ FT 484
License #

Electrical Contractor Information

Description of Work New SFD Service Size: 400 Amps T-Pole: Yes No
Patrick Electrical Contractors LLC 910-237-1594
Electrical Contractor's Company Name Telephone
1309 N. Main St. Lillington N/A
Address Email Address
4910-U
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
J & M Heating & Air 919-291-0376
Mechanical Contractor's Company Name Telephone
724 Turlington Rd. Dunn, NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 4
Eric Price Installs 910-890-6146
Plumbing Contractor's Company Name Telephone
2511 S. River Rd Lillington
Address Email Address
~~34384~~ 34384
License #

Insulation Contractor Information

Tatum Ins II 519 Old Drug Store Rd. Garner 27529
Insulation Contractor's Company Name & Address Telephone 919-661-0999

***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.

James L. Smith for

Caroling Construction & Restoration, LLC.
Signature of Owner/Contractor/Officer(s) of Corporation

3/7/2022
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: *James L. Smith / owner of CCR*

Date: *3/7/2022*