

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## Application for Residential Building and Trades Permit

Owner's Name: Jame Investments INC Date 03-212023
Site Address: 68 Ridge Haven Sanford N.C. Phone 919-478-348
Subdivision: Carolina Hills Lot
Description of Proposed Work: Single family HemeTotal Job Cost 160,000
General Contractor Information
Godon Construction 919-770-1070
Building Contractor's Company Name  Telephone
323 Steele St Oanterd godonconstruction@gma
1
HEATED SQ FT 560 GARAGE SQ FT License #
Electrical Contractor Information
Description of Work New electrical Service Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name Telephone
9490 old 421 Broadway
Address Email Address
8276AC 17277L
License #
Mechanical/HVAC Contractor Information  Description of Work New Mechanical HVAC
Mechanical Contractor's Company Name  Telephone
9490 old 421 Broadway
Address Email Address
8276 nC
License # Plumbing Contractor Information
Description of Work New plumbing #Baths 2
t, tan's olumbing 919-902-0990
Plumbing Contractor's Company Name Telephone
P.OBCX 1045 Dunn NC.
Address Email Address
34800
License # Insulation Contractor Information
Morelos Construction INC 919-478-3428
Insulation Contractor's Company Name & Address Telephone
2512 Watson Ave Sanford.
*NOTE: General Contractor / owner must fill out and sign the second nage 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.

3/21/2022

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: Date: 3/21/2025