



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: Christopher Todd Bryant Jr.

Date 03-11-22

Site Address: \* need it

Phone 919-285-6645

Subdivision: \_\_\_\_\_

Lot # 2

Description of Proposed Work: New Construction

Total Job Cost 250000

**General Contractor Information**

Building Contractor's Company Name

Telephone 919 601 1402

Cornerstone Builders of NC LLC.

Address 465 Cedar Rock Trail  
Fuquay Varina, NC 27526

Email Address +mclean0520@gmail.com

HEATED SQ FT 1724 GARAGE SQ \_\_\_\_\_

FT 554

License # 83366

**Electrical Contractor Information**

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

Service Size: \_\_\_\_\_

\_\_\_\_ Amps T-Pole:  Yes  No

Electrical Contractor's Company Name

Telephone 919-812-9929

Extreme Electric

Address 69 Lynch Ave  
Lillington, NC 27546

Email Address

License # 21453-L

**Mechanical/HVAC Contractor Information**

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

- Electric HVAC

Mechanical Contractor's Company Name

Telephone 919-369-2657

JC Heating & Air

Address 1539 Wade Stephenson Rd Email Address

Fuquay Varina, NC 27540

License # H-3 12655

**Plumbing Contractor Information**

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

#

Baths 2.5

Plumbing Contractor's Company Name Camden's Plumbing & Repair Inc.  
Telephone

Address PO Box 1359  
Fuquay Varina, NC 27526

Email Address Camdensplumbing R  
@ aol.com

License # 18903 Pl Classification

**Insulation Contractor Information**

Tri-Coity Insulation

Insulation Contractor's Company Name &

Address Telephone 910-486-8855

3154 Camden Rd Ste 1  
Fayetteville, NC 28306

**\*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                      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:

  CV   Has three (3) or more employees and has obtained workers' compensation insurance to cover them.



CB Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

CB Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

CB 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: Chris [Signature]  
Date: 04/19/22

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