



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: Craig Matthews Realty Inc Date: 4-25-22  
Site Address: 400 N. Orange St. Coats NC Phone: 910-890-4330  
Subdivision: Graceton Ridge Lot: # 1  
Description of Proposed Work: SFD Total Job Cost: \_\_\_\_\_

**General Contractor Information**

Craig Matthews Realty Inc 910-890-4330  
Building/Contractor's Company Name Telephone  
PO Box 399 Coats NC 27521  
Address  
44664 **HEATED SQ FT** 1265 **GARAGE SQ FT** 0  
License # Email Address

**Electrical Contractor Information**

Description of Work new house Service Size: 200 Amps T-Pole:  Yes  No  
Parker Electric 910-984-6810  
Electrical Contractor's Company Name Telephone  
167 Stonehenge Drive Dunn NC 28334  
Address Email Address  
33 1658 SP-SFD  
License #

**Mechanical/HVAC Contractor Information**

Description of Work new house  
Cold South Mechanical 919-800-7918  
Mechanical Contractor's Company Name Telephone  
1929 NC 42 Hwy Willow Spring NC 27592  
Address Email Address  
31355  
License #

**Plumbing Contractor Information**

Description of Work new house # Baths 2  
Mike Smith Plumbing 919-868-3060  
Plumbing Contractor's Company Name Telephone  
109 Ablitzd Lane Angier NC 27501  
Address Email Address  
18200  
License #

**Insulation Contractor Information**

Insulating Inc 1212 Home Court 919-772-9000  
Insulation Contractor's Company Name & Address Telephone  
Raleigh NC 27603

\*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.

Craig Thomas Matthews  
Signature of Owner/Contractor/Officer(s) of Corporation

4-25-22  
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: Craig Thomas Matthews Date: 4-25-22