



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: SIGNATURE HOME BUILDERS INC Date 10/12/2023  
Site Address: 179 ROCKING CANAL PLACE ERWIN NC 28339 Phone 910-892-9299  
Subdivision: WILLIAMS FARMS Lot 13  
Description of Proposed Work: NEW CONSTRUCTION Total Job Cost \_\_\_\_\_

**General Contractor Information**

SIGNATURE HOME BUILDERS INC 910-892-9299  
Building Contractor's Company Name Telephone  
1209 N MAIN ST LILLINGTON NC 27546 CHRIS@SIGNATUREHOMEBUILDERS.COM  
Address Email Address  
49431 **HEATED SQ FT 2187** **GARAGE SQ 501**  
License #

**Electrical Contractor Information**

Description of Work ELECTRICAL Service Size: 200 Amps T-Pole:  Yes  No  
JASON H POPE ELECTRICAL CONTRACTORS INC 919-820-0837  
Electrical Contractor's Company Name Telephone  
81 BEAVER CREEK DR DUNN NC 28334 \_\_\_\_\_  
Address Email Address  
27284  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
CENTRAL AIR HEATING & COOLING 919-963-0001  
Mechanical Contractor's Company Name Telephone  
PO BOX 175 FOUR OAKS NC 27524 \_\_\_\_\_  
Address Email Address  
28699  
License #

**Plumbing Contractor Information**

Description of Work PLUMBING # Baths \_\_\_\_\_  
LR GLOVER PLUMBING INC 919-820-0026  
Plumbing Contractor's Company Name Telephone  
PO BOX 764 BENSON NC 27504 \_\_\_\_\_  
Address Email Address  
7958  
License #

**Insulation Contractor Information**

CUMBERLAND INSULATION 910-484-7118  
Insulation Contractor's Company Name & Address Telephone

**\*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.**

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

10/12/2023  
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: Christopher Sherrod Date: 10/12/2023