

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: Freedom Constructors Inc of Dun	n Date: 6/28/2022
Site Address: 79 Ramble Falls Lane, Erwin	Phone: 910-892-1231
Subdivision: Wildwood	Lot: 2
Description of Proposed Work: New SFD	Total Job Cost:25 000
General Contractor I	nformation
Freedom Constructors Inc of Dunn	910-892-1231
Building Contractor's Company Name	Telephone
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM
Address	Email Address
11590 UL HEATED SQ FT 1710	ARAGE SQ FT 631
License #	
Electrical Contractor	
	rvice Size: 200 Amps T-Pole: x Yes No
Wester & Pace Electric, INC	919-498-4948
Electrical Contractor's Company Name	Telephone
614 Leslie Rd, Sanford, NC	williamwester@gmail.com
Address	Email Address
12007-U	
License #  Mechanical/HVAC Contra	ctor Information
Description of Work New SFD Mechanical	ctor information
	040 007 5504
J & M Heating and Air Condition Co Inc	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net
Address L.17164	Email Address
License # Plumbing Contractor	Information
Description of Work Plumb new SFD	
	# Baths2 910-567-6361
Gilbert Plumbing Co, Inc.	
Plumbing Contractor's Company Name	Telephone
1638 Timothy Rd, Dunn, NC 28334	gpci@intrstar.net
Address	Email Address
L.10929	
License # Insulation Contractor	Information
Insulating Inc 5902 Fayetteville Rd, Raleigh, NC	919-772-9000
Insulation Contractor's Company Name & Address	Telephone
mediation contractor o company Marile & Address	1 GIOPTIONO

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



**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.

Timothy M. Tart			6	6/28/2022			
Signati	Timothy M. Tart  Signature of Owner/Contractor/Officer(s) of Corporation  6/28/2022  Date						
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:							
	O	wner X	Officer/Agent	of the Contractor	or Owner		
	eby confirm under penalties of pe h in the permit:	rjury that the p	erson(s), firm(s)	or corporation(s) p	performing the work		
X	Has three (3) or more employees	and has obtai	ned workers' con	npensation insurar	nce to cover them.		
them.	Has one (1) or more subcontracto	ors(s) and has	obtained workers	s' compensation in	surance to cover		
	Has one (1) or more subcontractong themselves.	ors(s) who has	their own policy	of workers' compe	ensation insurance		
Has no more than two (2) employees and no subcontractors.							
Depart to issua	vorking on the project for which th ment issuing the permit may requ ance of the permit and at any time g out the work.	ire certificates	of coverage of w	orker's compensa	tion insurance prior		
Sign w	Title: Timothy M. Tart	- Estima	ting Mgr	Date:	6/28/2022		