



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Staci & Jason Florence Date: 4/19/22
Site Address: 4378 Skycroft Drive, Sanford, NC 27332 Phone: 757-705-5741
Subdivision: _____ Lot: _____
Description of Proposed Work: Construction of new single family home Total Job Cost: \$590,750

General Contractor Information

America's Home Place, Inc 910-252-0076
Building Contractor's Company Name Telephone
3266 Sanderosa Road, Fayetteville, NC 28312 tbernard@americashomeplace.com
Address Email Address
84626
License #

Electrical Contractor Information

Description of Work New home Electrical System Installation Service Size: _____ Amps T-Pole: Yes ___ No
IES Residential Inc. 704-423-0308
Electrical Contractor's Company Name Telephone
4128 Barringer Drive, Charlotte, NC 28217 kirt.biagas@ies-co.com
Address Email Address
U.27096-01
License #

Mechanical/HVAC Contractor Information

Description of Work New home HVAC System and ventiltion Instialation
Divine Heating & Cooling, Inc. 336-376-6438
Mechanical Contractor's Company Name Telephone
915 Quakerbush Rd., Snow Camp, NC 27349 divine_hvac@yahoo.com
Address Email Address
L.28742
License #

Plumbing Contractor Information

Description of Work New home plumbing, fixture, appliance Installation # Baths 4.5
Titan's Plumbing LLC 919-615-8779
Plumbing Contractor's Company Name Telephone
PO Box 1045, Dunn, NC 28335 business@titansplumbing.com
Address Email Address
L.34800
License #

Insulation Contractor Information

Insulating, Inc. 5902 Fayetteville Road, Raleigh NC 27603 (336) 665-8200
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.

Thomas N Bernard
Signature of Owner/Contractor Officer(s) of Corporation

4-19-22
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: Thomas N Bernard - GM Date: 4-19-22