



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: Leslie + Stephen Richardson Date 6/2/2022
Site Address: _____ Phone 919-820-0597
Subdivision: _____ Lot _____
Description of Proposed Work: New Residential Construction Total Job Cost 720,000⁰⁰

General Contractor Information

Pax McLamry LLC 919-291-9394
Building Contractor's Company Name Telephone
PO Box 965 Four Oaks NC 27524 stanley7798@gmail.com
Address Email Address
84908 **HEATED SQ FT 3039** **GARAGE SQ FT 997**
License #

Electrical Contractor Information

Description of Work Electrical For New Residential Construction Service Size: _____ Amps T-Pole: Yes No
Amped Electric, LLC 919 625 0180
Electrical Contractor's Company Name Telephone
510 Denning Rd Benson NC 27504 ampedelectric@yahoo.com
Address Email Address
L-30129
License #

Mechanical/HVAC Contractor Information

Description of Work Installation of new service for new residential construction
Central Air, Inc. 919 963-0001
Mechanical Contractor's Company Name Telephone
2040 NC HWY 96 South Four Oaks, NC 27524 travis@centralairnc.com
Address Email Address
28699
License #

Plumbing Contractor Information

Description of Work Install plumbing for new residential construction # Baths 4 1/2
Thornton's Plumbing, Inc. 919-550-4833
Plumbing Contractor's Company Name Telephone
3160-A Vinson Rd Clayton NC 27527 tp.office2@gmail.com
Address Email Address
22152
License #

Insulation Contractor Information

Garcia Insulation - 1136 Bluegrass Rd Selma NC 28776 919-422-2765
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.



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

6-8-22

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:  President Date: 6-8-22