

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

| Owner's Name: Southeastern Design and Construction, Inc | Date 07-18-22 | |
|---|--|--|
| Site Address: 401 D L Phillips Lane, Broadway, NC 27505 | Phone 910-309-4230 | |
| Subdivision: James Robertson Subdivision | Lot 15 | |
| Description of Proposed Work: New Residential Construction | _ Total Job Cost <u>\$273,540</u> | |
| General Contractor Information | | |
| Southeastern Design and Construction, Inc | 910-309-4230 | |
| Building Contractor's Company Name | Telephone | |
| 110 Missy Byrd Drive, Hope Mills, NC 28348 | deanna@sedc-inc.com | |
| Address | Email Address | |
| 61752 - Unclassified/Unlimited HEATED SQ FT 2284 GARAGE SQ | _{FT} 637 | |
| License # | | |
| Electrical Contractor Information Description of Work Electrical system per code Service Size: 200 Amps T-Pole: ✓ Yes No | | |
| · | - | |
| Glemaker Electric Electrical Contractor's Company Name | 910-425-4915 Telephone | |
| • • | • | |
| 5755 Crenshaw Dr, Hope Mills, NC Address | glemaker1@embarqmail.com Email Address | |
| 13202-U | Email Address | |
| License # | | |
| Mechanical/HVAC Contractor Information | ation | |
| Description of Work install (1) 3.5 Ton 14 Seer split heat pump system zoned | | |
| Certified Heating and Air | 910-858-0000 | |
| Mechanical Contractor's Company Name | Telephone | |
| PO Box 1071, Hope Mills, NC 28348 | certifiedheatingandairllc@gmail.com | |
| Address | Email Address | |
| 20012H3-1 | | |
| License # | | |
| Plumbing Contractor Information | | |
| Description of Work Install plumbing system per code | # Baths 2.5 | |
| Larry Lee Plumbing | 910-237-3790 | |
| Plumbing Contractor's Company Name | Telephone | |
| 7051 Crest Street, Fayetteville, NC 28306 | service.lps@yahoo.com | |
| Address | Email Address | |
| 5274 P-1 | | |
| 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.

| Deanna Ham | 07-18-22 | |
|---|--|--|
| Signature of Owner/Contractor/Officer(s) of Corporation | Date | |
| | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | |
| General Contractor Owner O | 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: Deanna Ham Project Coordina | ntor Date: 07-18-22 | |
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