

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: Galt Land Development LLC	Date: 07/21/2022
Site Address: 164 Solomon Drive Cameron NC 28326- Lot 002	Phone: 910-779-0229
Subdivision: Liberty Meadows	Lot:008
Description of Proposed Work: New Single Family Dwelling	Total Job Cost: \$197945.00
General Contractor	Information
A&G Residential LLC	910-779-0229
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305	anastasia@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 2365	GARAGE SQ FT 418
License #	
Description of Work Single Family Electric S	<u>r Information</u> ervice Size: _ ²⁰⁰ _Amps T-Pole: _x _YesNo
JM Pope Electric	910-890-3655
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330	Marshallpope74@gmail.com
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contra	actor Information
Description of Work Single Family HVAC	
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
PO Box 190 Clayton NC 27528	
Address	Email Address
29077	
License # Plumbing Contracto	r Information
Description of Work Single Family Plumbing	# Baths3
Titans Plumbing Plumbing Contractor's Company Name	
	business@titansplumbing.com
PO Box 1045 Dunn NC 28335 Address	Email Address
34800	Lillali Address
License #	
Insulation Contracto	<u>r Information</u>
Tricity Insulation & Building Products	910-486-8855
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.

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apaig	07/21/2022
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compete The undersigned applicant being the:	nsation N.C.G.S. 87-14
General Contractor Owner x Of	ficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit:	n(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obtained w	orkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover
X Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcont	ractors.
While working on the project for which this permit is sought in Department issuing the permit may require certificates of control to issuance of the permit and at any time during the permitte carrying out the work.	verage of worker's compensation insurance prior
Sign w/Title: Anastasia Dailey-Construction Coordinator	Date: 07/21/2022