

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

Application for Residential Building and Trades Permit

on on license.				
Owner's Name:	Freedom Constructors Inc of Dunn		Date:	9/22/20
Site Address: 55 Ram	ble Falls Lane, Erwin NC	Phone:		
Subdivision: Wildwo	od	Lot:	1	
Description of Proposed	Work: New SFD	Total Job Cost:		264000
	General Contractor Information	<u>on</u>		
Freedom Constructors Ir	nc of Dunn	910-892-1231		
Building Contractor's Con	npany Name	Telephone		
PO BOX 608, Dunn, NC	STEVEJERNIGAN58@OUTLOOK.COM			
Address		Email Address		
11590 UL	HEATED SQ FT 1665 GARAGE S	SQ FT 441		
License #				
Description of Work Wire	Electrical Contractor Informati	<u>on</u> : <u>200 </u> Amps T-F		Voo N
·				
Wester & Pace Electr Electrical Contractor's Co	919-498-4948 Telephone			
		·		
614 Leslie Rd, Sa Address		williamwester@gmail.com Email Address		
12007-U				
License #				
	Mechanical/HVAC Contractor Infor	mation		
Description of Work New	SFD Mechanical			
J & M Heating and Air C	910-897-5501			
Mechanical Contractor's	Telephone			
724 Turlington Rd. D	jandmhvac@centurylink.net			
Address	Email Address		<u> </u>	
L.17164				
License #				
5	Plumbing Contractor Informati			
Description of Work Plumb new SFD		# Baths2		
LR Glover Plumbing Co		919-894-5	5892	
Plumbing Contractor's Contracto	Telephone			
111 Carolyn Drive	, Benson,NC 27504			
Address	Email Address			
L.07958				
License #	Inculation Operation for the former			
Darker Bro Inculation	Insulation Contractor Informat		r	
	n, 825 Kitty ForkClinton, NC	910-564-413	۷	
		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.

9/22/2022

Timothy W. Tart 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 X ____ 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:

X 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

Х 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: Tim	rothy M. Tart	Estimating Mgr	Date:	9/22/2022
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