



Application # SFD 2208-0042

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: Penny and John Keane Date 12/17/2022  
Site Address: 900 Mt. Pisgah Church Rd, Broadway 27505 Phone \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: New SFD Total Job Cost \$1,000,000.00

**General Contractor Information**

Brad D. Cummings Const. Co. Inc. 919-770-4693  
Building Contractor's Company Name Telephone  
Post Office Box 145 brad\_cummings@yahoo.com  
Address Email Address  
68866 **HEATED SQ FT 4149** **GARAGE SQ FT 873**  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New electrical service Service Size: 400 Amps T-Pole:  Yes  No  
Pioneer Electric, Inc. 919-499-7767  
Electrical Contractor's Company Name Telephone  
80 Neil Thomas Road, Lillington  
Address Email Address  
21643  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New HVAC  
King Heating and Air 919-895-3600  
Mechanical Contractor's Company Name Telephone  
300 Wilson Road, Sanford  
Address Email Address  
L.28280  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Plumbing # Baths 3.5  
Wagner Plumbing, Inc. 910-890-2299  
Plumbing Contractor's Company Name Telephone  
555 Tirzah Drive  
Address Email Address  
31576  
License # \_\_\_\_\_

**Insulation Contractor Information**

Tri City Insulation, Inc. 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.**

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

12/17/2022

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:

Date: 12/17/2022