



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: LINDA + AL STANLEY Date 8/15/22  
Site Address: 18 SAHARA CIRCLE Phone 843-270-9013  
Subdivision: CAROLINA LAKES Lot 43  
Description of Proposed Work: NEW SINGLE-FAMILY Total Job Cost 270,000

**General Contractor Information**

LS CLARK, LLC Telephone 919 422 7306  
Building Contractor's Company Name  
Po Box 1013 CLAYTON, NC Email Address LCLARK@LSCLARKLLC.COM  
Address 27520  
61481 HEATED SQ FT 1419 GARAGE SQ FT 382  
License #

**Electrical Contractor Information**

Description of Work NEW SINGLE-FAMILY Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
TOOL TIME SERVICES Telephone 919 274 3234  
Electrical Contractor's Company Name  
Po Box 2207 GARNER, NC Email Address JIMWANOLANO.ITTS@GMAIL.COM  
Address 27529  
30306-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW SINGLE FAMILY  
SPEEDY ENRICHMENT Telephone 919-931-5700  
Mechanical Contractor's Company Name  
145 WAIT AVE Wake Forest NC Email Address INVOICES@SPEEDYENRICHMENT.COM  
Address 30716  
License #

**Plumbing Contractor Information**

Description of Work NEW SINGLE FAMILY # Baths 2  
BARBOUR BURTON Telephone 919 422 6367  
Plumbing Contractor's Company Name  
114 LEE CT. CLAYTON, NC Email Address JEREMY@BPPLUMBING.COM  
Address 27520  
27132  
License #

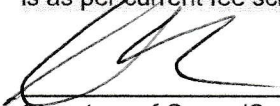
**Insulation Contractor Information**

LIVE GREEN, INC Telephone 919 453 6411  
Insulation Contractor's Company Name & Address  
5001 OLD POOLE RD. RALEIGH NC. 27610

**\*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

\_\_\_\_\_ 8/15/22  
 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:

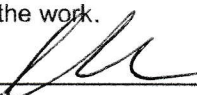
\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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: 8/15/22