



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: Wilford & Lori Donahue Date 11/1/22
Site Address: 3901 Benson Rd Phone 919-332-3763
Subdivision: N/A Lot N/A
Description of Proposed Work: Construction of new Stal Total Job Cost \$250,000

General Contractor Information

Red Door Homes 919-980-0003
Building Contractor's Company Name Telephone
12809 US HWY 70 Bus West Clayton, NC, 27520 Kallie@reddoorhomesnc.com
Address Email Address
79810 **HEATED SQ FT 1382 GARAGE SQ FT 399**

License #

Electrical Contractor Information

Description of Work Install electrical in Stal Service Size: 200 Amps T-Pole: Yes No
Turn 2 Electric 919-443-9094
Electrical Contractor's Company Name Telephone
218 Lopez Ln Clayton, NC, 27529 brandon@turn2electrical.com
Address Email Address
34860

License #

Mechanical/HVAC Contractor Information

Description of Work Install mechanical in Stal
Mebane Air 919-563-2093
Mechanical Contractor's Company Name Telephone
718 Mattress Factory Rd. Mebane, NC, 27302 Mebaneair@outlook.com
Address Email Address
20391

License #

Plumbing Contractor Information

Description of Work Install plumbing in Stal # Baths 2
Tom Bacon Plumbing 919-732-7130
Plumbing Contractor's Company Name Telephone
P.O. Box 40 Hillsborough, NC, 27278 T3plumbing@aol.com
Address Email Address

License #

Insulation Contractor Information

31-W Insulation 351 Hein Dr Garner, NC, 27529 919-500-3650
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.

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

11/1/22
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 Kalwo Tays - Pre-Const. administrator Date: 11/1/22