



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: Krist M + John K McArtan Date: _____
Site Address: 5370 Elliott Bridge Road Phone: 919-791-7965
Subdivision: _____ Lot: _____
Description of Proposed Work: New Construction Total Job Cost: \$302000⁰⁰

General Contractor Information

John K McArtan 919-791-7965
Building Contractor's Company Name Telephone
5330 Elliott Bridge Road Linden, NC 28356 ncjohnny@me.com
Address Email Address
57932 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Buford Electric (910) 818-0994
Electrical Contractor's Company Name Telephone
PO Box 64333, Fayetteville, NC 28306 bufordelectric@gmail.com
Address Email Address
31424-U
License #

Mechanical/HVAC Contractor Information

Description of Work Install HVAC system in new house / New Construction
Chacco INC. (910) 237-0779
Mechanical Contractor's Company Name Telephone
P.O. Box 36037 Fayetteville, NC 28303 chacco@emburgmail.com
Address Email Address
2957PH2-3
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 3
Bill Hallock Plumbing LLC 910-624-4777
Plumbing Contractor's Company Name Telephone
777 Vail Rd. Pikeville NC 27863 billhallock12@gmail.com
Address Email Address
24037
License #

Insulation Contractor Information

Stornway Construction, P.O. Box 699 Hope Mills (910) 988-4070
Insulation Contractor's Company Name & Address Telephone
NC 28348

***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.

J. K. McArt
Signature of Owner/Contractor/Officer(s) of Corporation

8/24/22
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: J. K. McArt Date: 8/24/22