

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Benjamin Stout Real Estate Services, Inc.	Date
Site Address:128 Solomon Drive	Phone 910-779-0019
Subdivision: Liberty Meadows	Lot _6
Description of Proposed Work:new single family dwelling	
General Contractor Inf	ormation
Benjamin Stout Real Estate Services, Inc.	910-779-0019
Building Contractor's Company Name	Telephone
PO Box 53798 Fayetteville, NC 28305	permitting@benstoutconstruction.com
Address	Email Address
69633-U HEATED SO FT 2313 GA	RAGE SO FT 501
License #	
Electrical Contractor In	
	ce Size: 200 Amps T-Pole: X Yes No
Southern Pride Electric	919-750-9436
Electrical Contractor's Company Name	Telephone
370 Slapout Road Wade, NC 28365	southernpride.mp@gmail.com
Address	Email Address
24726	
License # Mechanical/HVAC Contract	or Information
Description of Worknew install	or information
	040.050.0000
Certified Heating & Air	910-858-0000
Mechanical Contractor's Company Name	Telephone
PO Box 1071 Hope Mills, NC 28348 Address	ehrin.certified@gmail.com
	Email Address
<u>20012 H3-C1</u> License #	
Plumbing Contractor In	formation
Description of Work <u>new install</u>	# D - 11 - 3 5
Titan Plumbing	919-615-1947
Plumbing Contractor's Company Name	Telephone
	business@titansplumbing.com
PO Box 1045 Dunn, NC 28335 Address	Email Address
34800	_man / wan ooo
License #	
Insulation Contractor Information	
Cumberland Insulation - 4205 Clinton Road Fayette	ville, NC 28312 910-484-7118
Insulation Contractor's Company Name & Address	Telephone



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

9/30/JJ

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor OwnerX _ 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.	
X 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:	