



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: Benjamin Stout Real Estate Services, Inc. Date _____
Site Address: 60 Melvill Lane Phone 910-779-0019
Subdivision: Liberty Meadows Lot 48
Description of Proposed Work: new single family dwelling Total Job Cost \$274,000

General Contractor Information

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 SQ FT** 2407 **GARAGE SQ FT** 461
License #

Electrical Contractor Information

Description of Work new install Service Size: 200 Amps T-Pole: 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 Contractor Information

Description of Work new install
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills, NC 28348 ehrin.certified@gmail.com
Address Email Address
20012 H3-C1
License #

Plumbing Contractor Information

Description of Work new install # Baths 3.5
Titan Plumbing 919-615-1947
Plumbing Contractor's Company Name Telephone
PO Box 1045 Dunn, NC 28335 business@titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

Cumberland Insulation - 4205 Clinton Road Fayetteville, NC 28312 910-484-7118
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.

Laurel J. Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

9/1/22
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: *Laurel J. Anderson* Date: 9/1/22
Permit Coordinator