

Application #	

\* 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.

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Freedom Constructors Inc of Dunn	Date:10/11/2022	
	Phone: 910-892-1231	
2	Lot:	
Description of Proposed Work: New SFD	Total Job Cost:211 250	
General Contractor Information		
Freedom Constructors Inc of Dunn	910-892-1231	
Building Contractor's Company Name	Telephone	
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58@OUTLOOK.COM	
Address	Email Address	
11590 UL HEATED SQ FT 1477 GARAGE S	SQ FT 576	
License #		
Electrical Contractor Informati		
	e: 200Amps T-Pole: _x_YesNo	
Wester & Pace Electric, INC	919-498-4948	
Electrical Contractor's Company Name	Telephone	
614 Leslie Rd, Sanford, NC	williamwester@gmail.com	
Address	Email Address	
12007-U		
License #		
Mechanical/HVAC Contractor Infor	mation	
Description of Work New SFD Mechanical		
J & M Heating and Air Condition Co Inc	910-897-5501	
Mechanical Contractor's Company Name	Telephone	
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net	
Address	Email Address	
L.17164		
License #		
Plumbing Contractor Informat	The state of the s	
Description of Work Plumb new SFD		
LR Glover Plumbing Co	919-894-4651	
Plumbing Contractor's Company Name	Telephone	
111 Carolyn Drive, Benson, NC 27504	leeglover22@yahoo.com	
Address	Email Address	
L.07958		
License #		
Insulation Contractor Information		
Parker Bros Insulation, 825 Kitty Fork Rd., 28328	910-564-4132	
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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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.

10/11/2022

Timothy W. Tast

Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner _X 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:		
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.		
$\underline{\hspace{1cm}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
$\frac{x}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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: Timothy M. Tart Estimating Mgr Date: 10/11/2022		