

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: SBM Homes LLC Date 12-26-22
 Site Address: 139 Red Oak Drive Phone 919-478-0965
 Subdivision: Ramblingwood Lot 54
 Description of Proposed Work: New Construction Total Job Cost \$204,800.00

General Contractor Information

SBM Homes LLC 919-478-0965
 Building Contractor's Company Name Telephone
PO Box 71 Raleigh N.C 27602 jbyrdconstruction@gmail.com
 Address Email Address
87442 HEATED SQ FT 2181 GARAGE SQ FT 401
 License #

Electrical Contractor Information

Description of Work New Construction Wiring Service Size: 200 Amps T-Pole: Yes No
Tool Time Services Inc 919-274-3234
 Electrical Contractor's Company Name Telephone
447 Cleveland Crossing Drive Garner 27529 jimwendlandt@gmail.com
 Address Email Address
30306-4
 License #

Mechanical/HVAC Contractor Information

Description of Work New Construction HVAC
Total Systems HVAC 910-436-3450
 Mechanical Contractor's Company Name Telephone
13341 NC Hwy 210 South Springlake 28390 Service@totalsystemsnc.com
 Address Email Address
28846
 License #

Plumbing Contractor Information

Description of Work New Construction Plumbing # Baths 2 1/2
Celky's Quality Services LLC 919-938-1813
 Plumbing Contractor's Company Name Telephone
636-6b Old Roberts Rd Benson 27504 schedule@celkys.com
 Address Email Address
32853
 License #

Insulation Contractor Information

TrueTeam Builders Services 7204 Becky Circle 919-290-9684
 Insulation Contractor's Company Name & Address Telephone
Raleigh N.C 27665

***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.



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

12-26-22

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:  Manager Date: 12-26-22