



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: Southern Living Investment Properties LLC Date 10/4/22
 Site Address: 146 Lane Farms Way, Holly Springs, NC 27540 Phone 919 730 7802
 Subdivision: Lane Farms Lot 12
 Description of Proposed Work: New Single Family Home Total Job Cost 350,000

General Contractor Information

Stephenson Builders Inc. 919 730 7802
 Building Contractor's Company Name Telephone
4100 Austley Road Fuquay-Varina NC drew@stephensonbuilders.com
 Address Email Address
53604 **HEATED SQ FT** 2881 **GARAGE SQ FT** 838
 License #

Electrical Contractor Information

Description of Work New Home Service Size: 200 Amps T-Pole: Yes No
Dean Electrical LLC 919-669-0063
 Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd Fuquay Varina _____
 Address Email Address
L 29839
 License #

Mechanical/HVAC Contractor Information

Description of Work New Home
JC HVAC 919 552 3053
 Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd. Holly Springs _____
 Address Email Address
12655
 License #

Plumbing Contractor Information

Description of Work New Home. Camden's Plumbing + Repair # Baths _____
Camden's Plumbing + Repair 919 557 1584
 Plumbing Contractor's Company Name Telephone
7229 Oak Valley Way Fuquay-Varina _____
 Address Email Address
18903
 License #

Insulation Contractor Information

Stephens Buidly Products LLC 919 630 8365
 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.

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

10/4/22
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: [Signature] Owner / member manager Date: 10/4/22