



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
Email centralpermitting@harnett.org

Application for Residential Building and Trades Permit

Nancy Fleming

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

Owner's Name: Albert Fleming + Dorothy Fleming Trust Date 3/13/24
Site Address: 354 Pointer Creek Dr. Angier NC 27501 Phone 910-238-6745
Subdivision: _____ Lot 5 map# 2018-30
Description of Proposed Work: SF Home Built Total Job Cost \$730,000

General Contractor Information

Scott Rhodes Building Inc. 919-868-1616
Building Contractor's Company Name Telephone
Po Box 1188 Benson NC 27504 srbincl616@gmail.com
Address Email Address
62421 HEATED SQ FT 3756 GARAGE SQ FT 1229
License #

Electrical Contractor Information

Description of Work Wire New Home Service Size: 400 Amps T-Pole: Yes No
Amped Electric LLC 919-625-0180
Electrical Contractor's Company Name Telephone
510 Denning Rd Benson NC 27504 ampedelectricnc@yahoo.com
Address Email Address
30129
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC system; duct work for new home
Mainstream Mechanical HVAC 919-796-9110
Mechanical Contractor's Company Name Telephone
849 Wood Lee Rd Four Oaks NC 27524 mainstreammechanical@gmail.com
Address Email Address
30028
License #

Plumbing Contractor Information

Description of Work Plumbing New Home # Baths 3.5
Jason L Barefoot Plumbing 910-892-4736
Plumbing Contractor's Company Name Telephone
5476 Timothy Rd Dunn NC 28334 jasonlbarefoot@yahoo.com
Address Email Address
20694
License #

Insulation Contractor Information

Friends Insulation LLC 2001 Blount Creek Dr. 919-291-2438
Insulation Contractor's Company Name & Address Telephone
Clayton NC 27520

*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.

James Scott Rhodes
Signature of Owner/Contractor/Officer(s) of Corporation

3-13-24
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: James Scott Rhodes - President Date: 3-13-24