

Application # ____

Must be owner/occ. pier of licensed contractor. Address, company name & proper must match information or

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

Application for Residential Building and Trades Permit

Owner's	Name: Homer Bradford Williams	Date 10-21-22
	ess: 1338 Crawford Rd. , Coats , NC	
	on: NA	LotN/#
	on of Proposed Work: Construction of New SFD	
	General Contractor Information	
Baref	ot Building Company, LLC	(910) 890-3256
	Contractor's Company Name	Telephone
POB	0x 1411, Coats, NC 27521	Wrbaicfoot e yahor.com Email Address
Address		Email Address
8162	7 HEATED SOFT 2371 GARAGESS	
License	Electrical Contractor Information	1
Descripti	on of Work installation of electrical systemervice Size:	00_Amps T-Pole:YesNo
	+ Pace Electric, Inc.	(919) 499 -5389
200	Contractor's Company Name	Telephoné
614 1	eslie Rd., Sanford, NC	=
Address		Email Address
License :	12007	
LICOTIOCI	Mechanical/HVAC Contractor Inform	ation
Descripti	on of Work installation of HVAC system	
Urm	Heating + AI- Condition Co. Inc.	(910) 897-5501
		Telephone
724	Turlington Rd. Dunn, NC 28334	and minvac a century link, not
Address		Email Address
License :	17164	
License	Plumbing Contractor Information	1 0
Descripti	on of Work installation of plumbing system	# Baths
Fred	Arthur Chris Lecuyer III	(110) 676-1925 (CAIS) 894-7270
Plumbing	Contractor's Company Name	Telephone
115 K	eyman Drive, Coats, NC 27521	
Address	20172	Email Address
License #	301	a-
LICEI ISC 9	Insulation Contractor Information	1
Steph	enc Building Products, LLC	(919) 630,8365
Insulation		Telephone
1500	Corporation PKwy, Sufe 121 Raleigh, r	NC 27610
*NC	FE: 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 Mechanigal 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 | | 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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner Officer/Agent of the Contractor or Owner General Contractor 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.