



Application # _____

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: Timothy Patterson Date: 1/23/23
Site Address: 660 Patterson Rd, Broadway NC 27505 Phone: 919-499-3128
Subdivision: _____ Lot: _____
Description of Proposed Work: Custom site built homes Total Job Cost: \$ 650,000.00

General Contractor Information

Sercy Const. LLC Telephone: 919-499-7601
Building Contractor's Company Name
5808 Mockingbird Ln, Sanford, NC 27332 Email Address: mdsercy92@windstream.net
Address
79705 HEATED SQ FT 2822 GARAGE SQ FT 646
License #

Electrical Contractor Information

Description of Work: Wire House Service Size: 200 Amps T-Pole: using power from Building Yes No
M+T Electrical Contractor Telephone: 919-770-3548
Electrical Contractor's Company Name
778 Buckhorn Rd, Sanford, NC 27330 Email Address: mtelectric@windstream.net
Address
27917-L
License #

Mechanical/HVAC Contractor Information

Description of Work: Run HVAC system for house
Joyner & Dickens Telephone: 919-774-6841
Mechanical Contractor's Company Name
2218 Lee Ave, Sanford, NC 27330 Email Address: donna.joyner-dickens.com
Address
09369
License #

Plumbing Contractor Information

Description of Work: Plumb house # Baths: 3 1/2
Coy Brothers Plumbing Telephone: 919-258-3622
Plumbing Contractor's Company Name
985 Thomaskelly Rd, Sanford, NC 27330 Email Address: Plummer1@windstream.net
Address
8644
License #

Insulation Contractor Information

Insulating NC Telephone: 919-776-438
Insulation Contractor's Company Name & Address

*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.

Max Derrick Leroy
Signature of Owner/Contractor/Officer(s) of Corporation

1-23-23
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 ¹⁻² ~~(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: Max Derrick Leroy Date: 1-23-23