



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: Donald & Kellie Stephens Date: _____
Site Address: 8725 Christian Light Rd Phone: 919 267 0557
Subdivision: N/A Lot: A
Description of Proposed Work: New House Total Job Cost: 475,000.00

General Contractor Information

Dennis McLaurin 919 417 9141
Building Contractor's Company Name Telephone
7527 Christian Light Rd Fuquay Varina N/A
Address NC 27526 Email Address
29421 HEATED SQ FT 2900 GARAGE SQ FT 1,138
License #

Electrical Contractor Information

Description of Work New House Service Size: 400 Amps T-Pole: Yes No
Roberto Electrical Company 919 730-6430
Electrical Contractor's Company Name Telephone
4281 Michael Alan Ct Graham N.C Email Address
33160 27253
License #

Mechanical/HVAC Contractor Information

Description of Work New House
JC'S Heating & Air Conditioning 919 552 3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs Email Address
Address N.C
H312655 27540
License #

Plumbing Contractor Information

Description of Work New House # Baths 2 Full
DEU Repair Service 2 1/2
Plumbing Contractor's Company Name Telephone
288 Baker Town Rd Fuquay Varina Email Address
Address NC 27526
15986
License #

Insulation Contractor Information

Insulation Inc _____
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.

Dennis M. Laurin
Signature of Owner/Contractor/Officer(s) of Corporation

3-29-27
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: Dennis M. Laurin Owner Date: _____