



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Owner's Name: Rick and Pam Olive Date: 6/10/23
Site Address: 1275 Benhaven School Rd 27332/Sanford NC Phone: 919-499-8020
Subdivision: None Lot: _____
Description of Proposed Work: Build new house per attached Plan

General Contractor Information

Dixon General Contracting INC 919 353 1200
Building Contractor's Company Name Telephone
2317 Backwood Dr. Sanford NC 27330 dixoncontracting@hotmail.com
Address Email Address
69430

Electrical Contractor Information

Description of Work wire new house Service Size: 200 Amps T-Pole: Yes No
Harmons
Electrical Contractor's Company Name Telephone
3164 Poplar Springs Rd harmons home improvement@yahoo.com
Address Email Address
032567

Mechanical/HVAC Contractor Information

Description of Work install HVAC in house to plan
D&D HVAC 919-935-3213
Mechanical Contractor's Company Name Telephone
605 Chatham St Sanford NC 27330 ddavis@dhdhvactic.com
Address Email Address
23371H-3-1/H-2

Plumbing Contractor Information

Description of Work Plumb new house per plan # Baths _____
MBS Plumbing 919-352-5101
Plumbing Contractor's Company Name Telephone
P.O. Box 661 Morrisville NC 27560
Address Email Address
P1-33428

Insulation Contractor Information

insulation inc 1827 Jefferson Hwy Sanford NC 919 776 4138
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.

John Ditz
Signature of Owner/Contractor/Officer(s) of Corporation

6/10/23
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 (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: John Ditz President of Dixon General Contracting Date: 6/10/23