



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: Barbara Hunt Date: 1/9/23  
Site Address: TBD A B HALL RD Sanford 27322 Phone: 910.985.1014  
Subdivision: N/A Lot: \_\_\_\_\_  
Description of Proposed Work: new const build Total Job Cost: \_\_\_\_\_

**General Contractor Information**

Barbara Hunt Billet Telephone: 910.985.1014  
Building Contractor's Company Name  
P.O. Box 296 Olivie, NC 27368 Email Address: bhunt912@yahoo.com  
Address  
N/A HEATED SQ FT 145 GARAGE SQ FT 100  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work new const residential build Service Size: 200 Amps T-Pole:  Yes  No  
JM POPE Electrical Telephone: 919-776-5149  
Electrical Contractor's Company Name  
pmiller645600@gmail.com Email Address  
Address 409 Chatham St Sanford, NC  
213866  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Install all new HVAC  
cool air Telephone: 910-322-7816  
Mechanical Contractor's Company Name  
3061 n main st Hope Mills NC Email Address: 1001airnc@gmail.com  
Address 30929 28238  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work All new Plumbing # Baths 3  
Chris Dalrymple Plumbing Telephone: 919-770-1488  
Plumbing Contractor's Company Name  
229 FRANKS LOUISE LN Sanford NC Email Address: ChrisDalrymplePlumbing@gmail.com  
Address 28941  
License # \_\_\_\_\_

**Insulation Contractor Information**

TriCity Insulation / 3154 Camden rd, Fayetteville, NC Telephone: 910-486-8855  
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.

*BeG dt*

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

*11/9/23*

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: *BeG dt*

Date: *11/9/23*