



Application # _____

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

* 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: Gayle Kent Date 2/15/23
Site Address: Kent Lane, Coats NC 27521 Phone _____
Subdivision: _____ Lot _____
Description of Proposed Work: New SFD Total Job Cost 275,000

General Contractor Information

Robert Pope Builders, LLC Telephone 919.868.2912
Building Contractor's Company Name
901 W. Pearsall St. Dunn NC 28334 Email Address ropebuilders@gmail.com
Address
79853 HEATED SQ FT 1851 GARAGE SQ FT 650
License # _____

Electrical Contractor Information

Description of Work New SFD Service Size: 200 Amps T-Pole: Yes No
Mabry Electrical Service, Inc Telephone _____
Electrical Contractor's Company Name
731 Mabry Rd Angier 27501 Email Address johnnie@mabryelectrical.com
Address
15077-4
License # _____

Mechanical/HVAC Contractor Information

Description of Work ~~BTS Air Conditioning~~ New SFD
BTS Air Conditioning Telephone 919.894.5151
Mechanical Contractor's Company Name
5446 Elevation Rd. Benson NC Email Address _____
Address
4256
License # _____

Plumbing Contractor Information

Description of Work New SFD # Baths 2
LR Glover Plumbing Telephone 919.820.0026
Plumbing Contractor's Company Name
P.O. Box 764 Benson NC 27504 Email Address _____
Address
7958
License # _____

Insulation Contractor Information

Parker Brothers Insulation Telephone 910.990.5928
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.


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

2/15/23
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:  member/manager Date: 2/15/23