



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: Galt Land Development LLC Date: 02/02/2023

Site Address: 103 Solomon Drive Cameron NC 28326 Phone: 910-779-0229

Subdivision: Liberty Meadows Lot: 052

Description of Proposed Work: New Single Family Dwelling Total Job Cost: \$219945.00

General Contractor Information

A&G Residential LLC 910-779-0229

Building Contractor's Company Name Telephone

916 Arsenal Ave Suite B Fayetteville NC 28305 anastasia@agresidentialinc.com

Address Email Address

80672L **HEATED SQ FT** 2128 **GARAGE SQ FT** 607

License # _____

Electrical Contractor Information

Description of Work Single Family Electric Service Size: 200 Amps T-Pole: x Yes No

JM Pope Electric 910-890-3655

Electrical Contractor's Company Name Telephone

409 Chatham Street Sanford NC 27330 Marshallpope74@gmail.com

Address Email Address

21326L

License # _____

Mechanical/HVAC Contractor Information

Description of Work Single Family HVAC

Carolina Comfort Air 919-550-7711

Mechanical Contractor's Company Name Telephone

PO Box 190 Clayton NC 27528

Address Email Address

29077

License # _____

Plumbing Contractor Information

Description of Work Single Family Plumbing # Baths 2.5

Titans Plumbing 919-902-0990

Plumbing Contractor's Company Name Telephone

PO Box 1045 Dunn NC 28335 business@titansplumbing.com

Address Email Address

34800

License # _____

Insulation Contractor Information

Tricity Insulation & Building Products 910-486-8855

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.

AP Dailey

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

02/02/2023

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: Anastasia Dailey- Construction Coordinator

Date: 02/02/2023