

Application # SFD 2303 - 0005

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## Application for Residential Building and Trades Permit

Owner's Name: Kelly Stephenson  Site Address: 1259 Dakridge River  Subdivision: Steven Howell 28	Date 2-10-24	
Site Address: 1259 Dakridge River	2d Phone 919-868-6391	
Subdivision: Steven Howell, 28	Lot	
Description of Proposed Work: Residential Home		
General Contractor Information		
Coorse Matthews	919-868-6391	
Building Contractor's Company Name	Telephone	
768 Bakgrove Ch Rd Angier	Matthews Rooting NCG grail, cor Email Address	
Address	Email Address	
39508 HEATED SQ FT GARAGE SC		
License #		
Description of Work Electrical Contractor Information  Service Size: 200 Amps T-Pole: 2 YesNo		
1/ / /- 1	200 Amps T-Pole: YesNo	
Harte Cleetric	919-639-6851	
Electrical Contractor's Company Name	Telephone	
7836 Hwy 555 WS NC	Larle electric Ne Dymailicon	
Address	Email Address	
2339-U License #		
Mechanical/HVAC Contractor Information		
Description of Work HVAC	95.77	
American Contert	919-552-9223	
Mechanical Contractor's Company Name	Telephone	
126 S Fuguary Ave Address	American Contort gamailla Email Address	
	Email Address	
30674		
License #		
Plumbing Contractor Informatio		
Description of Work Humbing	# Baths	
Davids Plumbing	910-890-1350	
Plumbing Contractor's Company Name	Telephone	
19 it Ihomas Love Lillington	Email Address phumbing 87 & ymort.c	
Address	Email Address	
P2-34384		
Insulation Contractor Information		
Insulation Contractor's Company Name & Address Course As	Telephone	
misulation contractor's company realine & Address Guerre M	I cichione	

\*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

1-22-24 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:  Date: /-22-24	
١	Sign w/Title: Date: /-21-29	