



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: southern built llc Date _____

Site Address: 7788 NC 27 E Coats NC Phone 910-214-2227

Subdivision: not in sub Lot 4A

Description of Proposed Work: SFD Total Job Cost \$275,000

General Contractor Information

southern built LLC 910-214-2227

Building Contractor's Company Name PO Box 1112 Clinton NC 28329 Telephone henry@bobcatfarms.com

Address 77897 Email Address _____

HEATED SQ FT 1514 GARAGE SQ FT 484

License # _____

Electrical Contractor Information

Description of Work electrical Service Size: 200 Amps T-Pole^{xxx} Yes ___ No ___
SFD

SNO 9194276952

Electrical Contractor's Company Name 19655 NC 210 Hwy Angier Telephone _____

Address 13075-1 Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC

Stephenson Heating & Air 919-329-0686

Mechanical Contractor's Company Name 343 Shipwash Dr Garner Telephone _____

Address _____ Email Address _____

18644

License # _____

Plumbing Contractor Information

Description of Work plumbing # Baths 2

J & D Plumbing 910-214-0396

Plumbing Contractor's Company Name 2652 southeast Blvd Clinton NC Telephone _____

Address _____ Email Address _____

16489-p

License # _____

Insulation Contractor Information

Tatum Insulation 519 old drug store Rd Garner 91-661-0999

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.

Signed by: Henry E Moore III, President Nov 19, 2024
Signature of Owner/Contractor/Officer(s) of Corporation Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

xxxx 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:

xxxx 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.

Signed by: Henry E Moore III, President Date: 11/19/2024 | 12:19 PM EST
Sign w/Title: Henry E Moore III, President