

Application #

\* 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: Christopher Keith Lind		Date 3/29/202
Site Address: 794 Vic Keith Road	Phone	919-770-9941
Subdivision: Buffalo Lake	Lot Co	ove Lots
Description of Proposed Work: New Construction Single Family	_ Total Job Cost _	\$330,000
General Contractor Information		
DEL Builders Inc.	919-777-4610	
Building Contractor's Company Name	Telephone	
PO Box 994, Sanford, NC 27331	david@sandspur.ws	
Address	Email Address	
L77556 HEATED SQ FT 2153 GARAGE SQ	2FT 484	
License #		
Description of Work New Construction Service Size:		olo: V Voc. N
	200 Amps T-Po	ie. <u> </u>
T&G Electric of Sanford Inc	919-434-4480 Talanhana	
Electrical Contractor's Company Name 5303 Broadway Road, Sanford, NC 27332	Telephone timgautier3@windstream.net	
Address	Email Address	
	Email Address	
<u>L15697</u> License #		
Mechanical/HVAC Contractor Inform	ation	
Description of Work New Construction		
Center HVAC	919-775-2500	1
Mechanical Contractor's Company Name	Telephone	
511 E Main Street, Sanford, NC 27332	mike@centerheat.com	
Address	Email Address	
4627		
License #		
Plumbing Contractor Information	<u>1</u>	
Description of Work New Construction	# Baths 2.5	
Ricky Simpson Plumbing	910-690-3831	
Plumbing Contractor's Company Name	Telephone	
212 Sarason Place, Vass, NC 28394	rsgoldwing99@gmail.com	
Address	Email Address	
20261		
License #		
Insulation Contractor Information		
Insulation Inc 1827 Jefferson Davis Hwy, Sanford, NC 27330	919-776-4138	,
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.

Signature of Owner/Contractor/Officer(s) of Corporation  3/29/2023  Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor OwnerX 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.		
X 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:		