



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: Thurston Farms, LLC Date 4-3-23
Site Address: 139 Serina Woods Dr. Lillington NC 27546
Subdivision: _____ Lot 1
Description of Proposed Work: complete construction Total Job Cost 65,000

General Contractor Information

W4I
Building Contractor's Company Name _____ Telephone 910-430 2100
350 Wagoner Dr. Address _____ Email Address _____
75471 License # _____ HEATED SQ. FT. 1160 GARAGE SQ. FT. 625

Electrical Contractor Information

Description of Work new Service Size: 200 Amps T-Pole: Yes No
Ripper Electric Electrical Contractor's Company Name Telephone 919-499-7767
80 Neill Thomas Rd Lillington NC Address _____ Email Address _____
21643-4 License # _____

Mechanical/HVAC Contractor Information

Description of Work King - new
King Heating & Air Mechanical Contractor's Company Name Telephone 919-895-3600
232 Wilson Rd Sanford NC 27332 Address _____ Email Address _____
28280 License # _____

Plumbing Contractor Information

Description of Work Dalle J - new # Baths 1.5
Double J Plumbing Plumbing Contractor's Company Name Telephone 910-814-7705
614 Byrd Rd Bunnlevel NC Address _____ Email Address _____
21649 License # _____

Insulation Contractor Information

Insure inc Insulation Contractor's Company Name & Address Telephone 919-770-1974

*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.

4/3/23

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:

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: Vice President

Date: 4/3/23