



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: Thomas and kind King Date 5-10-23  
Site Address: 4934 Red Hill Church Rd., Coats, NC Phone (804) 929-0431  
Subdivision: N/A Lot N/A  
Description of Proposed Work: Construction of SFD Total Job Cost \$1,500,000

**General Contractor Information**

Barefoot Building Company, LLC (910) 890-3256  
Building Contractor's Company Name Telephone  
PO Box 1411, Coats, NC 27521 wrbarefoot@yahoo.com  
Address Email Address  
81627

**Electrical Contractor Information**

Description of Work installation of electrical system Service Size: 200 Amps T-Pole:  Yes  No  
Wester & Pace Electric, Inc. (919) 499-5389  
Electrical Contractor's Company Name Telephone  
614 Leslie Rd., Sanford, NC  
Address Email Address  
U. 12007

**Mechanical/HVAC Contractor Information**

Description of Work installation of HVAC system  
J+M Heating & Air Condition Co., Inc. (910) 897-5501  
Mechanical Contractor's Company Name Telephone  
724 Turley Rd., Dunn, NC 28334 jandmhvac@centurylink.net  
Address Email Address  
L. 17164

**Plumbing Contractor Information**

Description of Work installation of plumbing system # Baths 2  
~~BAK~~ Herring Plumbing, LLC 910-514-7807  
Plumbing Contractor's Company Name Telephone  
1080 Reedy Prong Church Rd., Newton Grove, NC 28366  
Address Email Address  
36262

**Insulation Contractor Information**

Stephens Building Products, LLC (919) 630-8365  
Insulation Contractor's Company Name & Address Telephone  
1200 Corporation Pkwy. Suite 121 Raleigh, NC 27610

**\*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.**

W. R. R.  
Signature of Owner/Contractor/Officer(s) of Corporation

5-10-23  
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: W. R. R.

Date: 5/10/23