



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: GREAT SOUTH BUILDERS INC. Date 06/09/23
Site Address: 45 LONGLEAF CT SANFORD NC Phone 919 669 4273
Subdivision: CAROLINA LAKES Lot 36-L
Description of Proposed Work: NEW CONST RES. HOME Total Job Cost 230,000

General Contractor Information

GREAT SOUTH BUILDERS, INC. 919 669 4273
Building Contractor's Company Name Telephone
2415 GUM SPRINGS CHURCH RD PITTSBORO NC GREATSOUTHBUILDERS@GMAIL.COM
Address 27312 Email Address
87371 HEATED SQ FT 2937 GARAGE SQ FT 545
License #

Electrical Contractor Information

Description of Work NEW RESIDENTIAL CONST. Service Size: 200 Amps T-Pole: X Yes ___ No
RST ELECTRIC 919 291 8766
Electrical Contractor's Company Name Telephone
3432 ZACKS MILL RD. ANGIER, NC 27501 SOLOMONRST@GMAIL.COM
Address Email Address
26202-I
License #

Mechanical/HVAC Contractor Information

Description of Work NEW RESIDENTIAL CONST. DUCTED HEAT PUMP
CERTIFIED HEATING + AIR CONDITIONING 910 858 0000
Mechanical Contractor's Company Name Telephone
P.O. BOX 1071 HOPE MILLS, NC 28348 CERTIFIEDHEATINGANDAIRLLC@GMAIL.COM
Address Email Address
20012
License #

Plumbing Contractor Information

Description of Work NEW RESIDENTIAL CONST. # Baths 4
L.R. GLOVER PLUMBING CO., INC. 919 820 0026
Plumbing Contractor's Company Name Telephone
P.O. BOX 764 BENSON, NC 27504
Address Email Address
PI - 07958
License #

Insulation Contractor Information

TRI-CITY INSULATION + BLDG. PRODUCTS FAYETTEVILLE 910 486 8855
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.

BY JJ PRES.
Signature of Owner/Contractor/Officer(s) of Corporation

06/09/23
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: BY JJ PRES. Date: 06/09/23