

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: GREAT SOUTH BUILDERS INC.	Date 06/09/23
Site Address: 29 LONGLEAF CT. SANFORD, NC	Phone 9 19 669 4273
Subdivision: CAROLINA LAKES	78-1
Description of Proposed Work: NEW S.F. HOME ATT. G.	ARTatal lab Cont. 202000
GENERAL SOUTH BUILDERS INC.	919 669 4273
Building Contractor's Company Name	T
2415 GUM SPRINGS CHURCH RD PITTS BORD 1	NC GREATS ON THE WILLDERS OF GARDING
Address	Email Address
8737) HEATED SO FT 2038 GARAGES	0FT 656
License #	
Description of Work NEW RES. Electrical Contractor Information CONSTRUCTION Service Size:	on 700 A T. Balan V.V.
RST ELECTRIC	919 291 8766
Electrical Contractor's Company Name	Telephone
3432 ZACKS MILL RD. ANGIER NL 27501	SOLOMON RST & GMAIL COM
Address	Email Address
26707-1	Errain Addi 655
License #	
Mechanical/HVAC Contractor Information	
Description of Work NEW RS. CONST. SE HOME PUCTE	D HEAT
CERTIFIED HEATING+AIR CONDITIONING	
Mechanical Contractor's Company Name	Telephone
P.O. BOX 1071 HOPE MILLS NC 28348 C	ERTIFIED HEATING AND AIRLLCO
2001Z	Email Address GMA11.(Or
License #	
Plumbing Contractor Informatio	n
Description of Work NEW RES. SF. CONSTRUCTION	_# Baths3
LIRIGIOVER PLUMBING CO. INC.	919 8200026
Plumbing Contractor's Company Name	Telephone
P.O. BOX 764 BENSON NC 27504	relephone
Address	Email Address
P1-07958	
License #	
Insulation Contractor Information TRISCITY IN GULATION + PLAN ASSOCIATION OF TANADAM OF THE REST.	
Insulation Contractor's Company Name & Address	
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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor
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 TZ PRES. Date: 06/09/23