



Application # _____

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Corey Ammons Date: 10/25/23
Site Address: 1505 Clayhole Rd, Dunn NC 28334 Phone: 919 820 3726
Subdivision: _____ Lot: _____
Description of Proposed Work: new construction SFD Total Job Cost: _____

General Contractor Information

SMITH/WOODWARKS Inc. Telephone: 910 890 2923
Building Contractor's Company Name
11607 Clayhole Rd. Dunn. 28334 Email Address: scbsmith@yahoo.com
Address
85821 HEATED SQ FT 2668 GARAGE SQ FT 980
License #

Electrical Contractor Information

Description of Work: Electrician Service Size _____ Amps T-Pole Yes No
KB ELECTRICAL SERVICES Telephone: 919-427-9016
Electrical Contractor's Company Name
1840 Benson Hwy Dunn NC 28334 Email Address: KKblackman80@gmail.com
Address
35646
License #

Mechanical/HVAC Contractor Information

Description of Work: HVAC - new construction
Beasley's Heating + Air inc Telephone: 919 894 4248
Mechanical Contractor's Company Name
57 W C Beasley Ln, Coats, NC Email Address: Beasleyshvac@aol.com
Address
9497
License #

Plumbing Contractor Information

Description of Work: Plumbing - new construction # Baths: _____
JEREMY WILLIFORD PLUMBING Telephone: 919 915 0533
Plumbing Contractor's Company Name
865 Terigan Loop Rd Dunn, NC 28334 Email Address: Jobphone123@icloud.com
Address
30747
License #

Insulation Contractor Information

Tatum's Insulation Telephone: _____
Insulation Contractor's Company Name & Address

*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.

Craig Jones
Signature of Owner/Contractor/Officer(s) of Corporation

6/15/23
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 Craig Jones

Date: 6/15/23