



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: Joseph D. & Patricia L. Lugiano Jr. Date 26 JUN 23
Site Address: 415 Roberts Road, Sanford, NC 27332 Phone 202-438-5369
Subdivision: Louisville Hills Lot 19
Description of Proposed Work: Construction of new single family home Total Job Cost \$350,000.00

General Contractor Information

Owner _____ Telephone 202-438-5369
Building Contractor's Company Name _____ Telephone _____
415 Roberts Road, Sanford, NC 27332 joelugiano@yahoo.com
Address _____ Email Address _____
HEATED SQ FT 2267 GARAGE SQ FT 1678 TOTAL (w/Detached)

License # _____

Electrical Contractor Information

Description of Work Install outlet, equipment & lighting circuits and devices. Service Size: 400 Amps T-Pole: Yes No
Owner _____ Telephone 202-438-5369
Electrical Contractor's Company Name _____ Telephone _____
415 Roberts Road, Sanford, NC 27332 joelugiano@yahoo.com
Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work Install Equipment, Controls & Ductwork
King Heating & Air _____ Telephone 919-895-3600
Mechanical Contractor's Company Name _____ Telephone _____
232 Wilson Road, Sanford, NC 27332 leon.kinghvac@gmail.com
Address _____ Email Address _____
28280

License # _____

Plumbing Contractor Information

Description of Work Install piping, fixtures & appliances # Baths 2.5
Double J Plumbing, LLC _____ Telephone 910-814-7705
Plumbing Contractor's Company Name _____ Telephone _____
614 Byrd Road, Bunn level, NC 28223 jamijohnsonplumbing@gmail.com
Address _____ Email Address _____

21649

License # _____

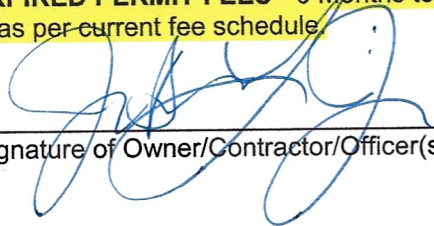
Insulation Contractor Information

Insulating NC - 1827 Jefferson-Davis Hwy, Sanford, NC 27330 _____ Telephone 919-776-4138
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.



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

26 JUN 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:

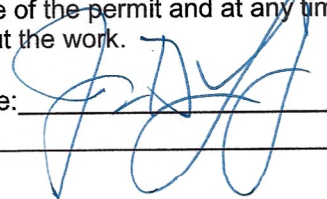
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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:  OWNER Date: 26 JUN 23