

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: _ DWB Devopment, Inc.	Date 7/18/2023	
Site Address: 285 Deer Tail Ln.	Phone 919-390-9117	
Subdivision: Cotton Farms	Lot 43	
Description of Proposed Work: New Single Family Dwelling	Total Job Cost \$495,000	
General Contractor Information		
Porter Built Homes, LLC	919-390-9117	
Building Contractor's Company Name	Telephone	
185 Bonica Creek Dr. Garner, NC 27529	chris@porterbuiltnc.com	
Address	Email Address	
88578 HEATED SQ FT 3,023 GARAGE SC	QFT 878	
License #		
<u>Electrical Contractor Information</u> Description of Work New Residential Install Service Size: 200 Amps T-Pole: X Yes No		
Lights Unlimited, Inc.	<u>200                                   </u>	
Electrical Contractor's Company Name	Telephone	
310 McCormick St. Garner, NC 27529	andrew.craven@ymail.com	
Address	Email Address	
SP.SFD.36240	Liliali Address	
License #		
Mechanical/HVAC Contractor Inform	nation_	
Description of Work New Residential Install		
Stephenson Heating and Air Conditioning, Inc. / Charles Anthony Stephenson	919-329-0686	
Mechanical Contractor's Company Name	Telephone	
343 Shipwash Dr. Garner, NC 27529	stephensonhvac@aol.com	
Address	Email Address	
18644		
License #		
Plumbing Contractor Information		
Description of Work New Residential Install	_# Baths_3	
Sweetwater Plumbing, LLC	919-418-4565	
Plumbing Contractor's Company Name	Telephone	
3460 Apex Peakway Apex, NC 27502	tom@sweetwaterplumbingllc.com	
Address	Email Address	
23793		
License #		
Insulation Contractor Information		
Tatum Insulation II 519 Old Drugstore Rd. Garner, NC 27529	919-661-0999	
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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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.

7/18/2023

Chin Partie - Owner

covering themselves.

	1710/2020
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compe	nsation N.C.G.S. 87-14
The undersigned applicant being the:	
X General Contractor Owner Of	ficer/Agent of the Contractor or Owner
Ocheral Contractor Owner Or	nicen/Agent of the contractor of owner
Do hereby confirm under penalties of perjury that the person	n(s), firm(s) or corporation(s) performing the wo
set forth in the permit:	
Has three (3) or more employees and has obtained w	orkers' compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obtain	ned workers' compensation insurance to cover
them.	iou nomero compensation modianto to covor

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.

X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance

Sign w/Title: Owner - Owner Date: 7/18/2023