



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: Statement Custom Homes, LLC Date 8/28/23

Site Address: 996 Reed Hill Church Rd Phone 919-749-9960

Subdivision: _____ Lot _____

Description of Proposed Work: New Residential Construction Total Job Cost 180,000

General Contractor Information

Statement Custom Homes, LLC
Building Contractor's Company Name

919-749-9960
Telephone

3068 Ebenezer Church Rd
Address

statementcustomhomes@gmail.com
Email Address

74554 **HEATED SQ FT** 1215 **GARAGE SQ FT**

License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No

BP Electric
Electrical Contractor's Company Name

919-468-1848
Telephone

7726 Chapel Hill Rd
Address

b800@bellsouth.net
Email Address

22661
License #

Mechanical/HVAC Contractor Information

Description of Work A/C

JC's Heating and Air Conditioning
Mechanical Contractor's Company Name

919-552-3053
Telephone

1539 Wade Stephenson Rd
Address

jcsheer@gmail.com
Email Address

License #

Plumbing Contractor Information

Description of Work Plumbing Pipe # Baths 2

Cocoa Beach Plumbing Inc.
Plumbing Contractor's Company Name

910-756-0793
Telephone

4755 Bryant Pond Rd
Address

Email Address

29488
License #

Insulation Contractor Information

Stephens Building Products
Insulation Contractor's Company Name & Address

919-630-8365
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]
Signature of Owner/Contractor/Officer(s) of Corporation

8/28/23
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: [Signature] Date: 8/28/23