



Application # _____

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546
910-803-7525 Fax 910-803-2783 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: GOLDEN PROPERTIES + DEVELOPMENT INC Date: 10/2/2023
Site Address: 50 HOLLY GROVE LANE, LILLINGTON Phone: 919-616-2391
Subdivision: SHILOH Lot: 7
Description of Proposed Work: SFO Total Job Cost: \$167,090.00

General Contractor Information

Building Contractor's Company Name: GOLDEN PROPERTIES + DEVELOPMENT INC Telephone: 919-616-2391
Address: 5160 NC Hwy 42W GARNER NC 27529 Email Address: dan.p.cch@gmail.com
License #: CS576 HEATED SQ FT 1519 GARAGE SQ FT 514

Electrical Contractor Information

Description of Work: SFO Service Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name: C+M ELECTRIC INC Telephone: 919-772-4518
Address: 600 BRICKSTEEL LANE GARNER NC 27529 Email Address: _____
License #: 05689

Mechanical/HVAC Contractor Information

Description of Work: SFO
Mechanical Contractor's Company Name: STEPHENSON HEATING + AIR INC Telephone: 919-329-0686
Address: 343 SHIPWASH DR GARNER NC 27529 Email Address: _____
License #: 18644

Plumbing Contractor Information

Description of Work: SFO # Baths: _____
Plumbing Contractor's Company Name: AMB 17 PLUMBING INC Telephone: 919-934-1379
Address: 755 ROCK PILLAR RD CLAYTON NC 27520 Email Address: _____
License #: 20823

Insulation Contractor Information

Insulation Contractor's Company Name & Address: TARM INSULATION 519 OLD DAVE STORE ROAD, GARNER Telephone: 919-661-0999

*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

10/2/2023

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: PROJECT MANAGER

Date: 10/2/2023