

Application #

Harnett County Central Permitting

PO Box 65 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: Ralph Huff Holdings	Date: 06/08/2023
Site Address: 111 Regis Lane Coats NC 27521	Phone: 910-779-0229
Subdivision: Turlington Acres	Lot:006
Description of Proposed Work: New Single Family Dwelling	Total Job Cost: \$192445.00
General Contractor	
A&G Residential LLC	910-779-0229
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305	anastasia@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 1629	GARAGE SQ FT 415
License #	
Electrical Contracto	
	ervice Size: 200 Amps T-Pole: x Yes No
JM Pope Electric	910-890-3655
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330	Marshallpope74@gmail.com
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contr	actor information
Description of Work Single Family HVAC	
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
PO Box 190 Clayton NC 27528	
Address	Email Address
29077	
License #	
Plumbing Contracto	<u>r Information</u>
Description of Work Single Family Plumbing	# Baths2
_Titans Plumbing	919-902-0990
Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn NC 28335	business@titansplumbing.com
Address	Email Address
34800	
License #	
Insulation Contracto	<u>or Information</u>
Tricity Insulation & Building Products	910-486-8855
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

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apaig	8/25/2023	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Ownerx_	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:		
X 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.		
X 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: Anastasia Dailey - Construction Coordinator	Date:8/25/2023	