



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: Southern Tide Homes Date 8/28/23
Site Address: 226 Deer Tail Ln Fuguey Phone 919-369-7804
Subdivision: Cotton Farms Lot 31
Description of Proposed Work: New Const. SFD Total Job Cost \$450,000

General Contractor Information

Southern Tide Homes 919-369-7804
Building Contractor's Company Name Telephone
11917 NC Hwy 210 Benson NC 27504 Clay@southerntidehomes.net
Address Email Address
81327 **HEATED SQ FT 2571** **GARAGE SQ FT 500**
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
Common Ground Electric _____ Telephone
Electrical Contractor's Company Name
4130 Zacks Mill Rd Angier NC 27501 Commongroundelectricsnc@gmail.com
Address Email Address
32654
License #

Mechanical/HVAC Contractor Information

Description of Work _____
My HVAC Guys _____ Telephone
Mechanical Contractor's Company Name
304 Stotts Mill Rd Wendell NC 27591 myhvaccguysnc@yahoo.com
Address Email Address
34239
License #

Plumbing Contractor Information

Description of Work _____ # Baths 3
Danny Sullivan Plumbing _____ Telephone
Plumbing Contractor's Company Name
P.O. Box 943 Coats NC 27521 danksul2@gmail.com
Address Email Address
22163
License #

Insulation Contractor Information

Stephens Building Products _____ Telephone
Insulation Contractor's Company Name & Address

***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] - member/manager Date: 8/28/23