



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: SBM Homes LLC Date 9-19-23  
Site Address: 410 Ray Byrd Rd Phone 919-478-0965  
Subdivision: Ray Byrd Lot 55  
Description of Proposed Work: New Single Family Total Job Cost \$180,000.00

**General Contractor Information**

SBM Homes LLC Telephone 919-478-0965  
Building Contractor's Company Name  
PO Box 71 Raleigh NC 27605 Email Address jbyrdconstruction@gmail.com  
Address  
87442 HEATED SQ FT 1282 GARAGE SQ FT 271  
License #

**Electrical Contractor Information**

Description of Work New Construction wire Service Size: 200 Amps T-Pole:  Yes  No  
S.M. Pope Electric LLC Telephone 910-890-3655  
Electrical Contractor's Company Name  
409 Chatham St Sunford NC 27330 Email Address marshallpope74@gmail  
Address  
21326L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Construction HVAC  
Comfort Creation Telephone 919-820-6296  
Mechanical Contractor's Company Name  
1622 Lynch Rd Selma NC 27576 Email Address kier0900@gmail  
Address  
33803  
License #

**Plumbing Contractor Information**

Description of Work New Construction Plumb # Baths 2 1/2  
Have Plumbing Inc Telephone 919-770-5308  
Plumbing Contractor's Company Name  
412 Swaringer Lane Sunford NC 27332 Email Address plumberman98@gmail  
Address  
19443  
License #

**Insulation Contractor Information**

True Team Builders Service 7204 Becky Circle Telephone 919-790-9684  
Insulation Contractor's Company Name & Address Raleigh NC 27615

\*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

9-19-23  
\_\_\_\_\_  
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:  \_\_\_\_\_

Manager

Date: 9-19-23