



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: 345 Ray Byrd Road Phone 919-478-0965
Subdivision: Ray Byrd Lot 40
Description of Proposed Work: _____ Total Job Cost \$202,500.00

General Contractor Information

SBM Homes LLC 919-478-0965
Building Contractor's Company Name Telephone
PO Box 71 Raleigh NC 27605 jbyrdconstruction@gmail
Address Email Address
87442 HEATED SQ FT 1350 GARAGE SQ FT 271
License #

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work New HVAC
Comfort Creations 919-820-6296
Mechanical Contractor's Company Name Telephone
1672 Lynch Rd Selma NC 27576 jKeen0900@gmail
Address Email Address
33803
License #

Plumbing Contractor Information

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

Insulation Contractor Information

True Team Builders Service 2204 Becky Circle 919-790-9684
Insulation Contractor's Company Name & Address Telephone
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:  Date: 9-19-23