

Application # _____

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* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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

Application for Residential Building and Trades Permit

Owner's Name: SBM Homes UC		Date <u>9-19-23</u>
Site Address: 325 Ray Byrd Road	Phone	919-478-0965
Subdivision: Ray Byrd	Lot	39
Description of Proposed Work: New Home Construction	_ Total Job Cost	196,000,00
General Contractor Information		,
58M Homes LLC Building Contractor's Company Name	919-478-1	0965
	l elephone	
PO Box 71 Rulzigh NC 27605	Sbyrd const	nudion 9 egmall.
	- 21	
87447 HEATED SQ FT 1466 GARAGE SQ	F1 211	
Electrical Contractor Information	<u>1</u>	
Description of Work New Wiring Service Size:	Amps T-P	
J.M. Pope Electric UC	910-890-	3658
Electrical Contractor's Company Name	Telephone	211
409 Chatham St Sunford NC 27330	Email Address	pe74egmall
Address	Email Address	
21326L License #		
Mechanical/HVAC Contractor Inform	ation	
Description of Work Nzw HVAC		
Comfort Creation	919 - 820-	- 6296
Mechanical Contractor's Company Name	Telephone	
1672 Lynch Rd Selma NC 27576	719 - 820- Telephone Kern 090 Email Address	De gmall
Address	Email Address	
33803 License #		
Plumbing Contractor Information	1	
Description of Work New Plumbing	# Baths 21/2	
Hare Plambing Inc	919-770-	
	- '	
4/2 Swaringen Lune Surferd NC 27372	Dlymbon	an 98 egmal
Address	Email Address	
19443		
License #	2	
Insulation Contractor Information	4 -	- 91.04
Insulation Contractor's Company Name & Address	Telephone	- 9684

*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 bysigning 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.

wher/Contractor/Officer(s) of Corporation

9-19-23

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		