



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: J Matthews Builders/Developer LLC Date: \_\_\_\_\_  
Site Address: 1476 Carolina Way Sanford, NC Phone: 919-291-1104  
Subdivision: Carolina Lakes Lot: 54B  
Description of Proposed Work: SFD Total Job Cost: 325,000.

**General Contractor Information**

J Matthews Builders/Developer LLC Telephone: 919-291-1104  
Building Contractor's Company Name  
782 Penny Rd Angier, NC 27501 Email Address: jdmatthews056@gmail.com  
Address  
65214 License # HEATED SQ FT 2435 GARAGE SQ FT 716

**Electrical Contractor Information**

Description of Work SFD Service Size: 200 Amps T-Pole:  Yes  No  
RST Electric Telephone: 919-291-8766  
Electrical Contractor's Company Name  
3376 Zack's Mill Rd Angier, NC 27501  
Address  
~~26202-1~~ License # 26202-1 Email Address \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work SFD  
Certified Heating & Air Telephone: 910-858-0000  
Mechanical Contractor's Company Name  
PO Box 1071 Hope Mills NC 28348  
Address  
20012 License # Email Address \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work SFD # Baths \_\_\_\_\_  
L.R. Blood Inc. Telephone: 919-820-0026  
Plumbing Contractor's Company Name  
PO Box 764 Benson, NC 27504  
Address  
License # Email Address \_\_\_\_\_

**Insulation Contractor Information**

Tri City Ins. Telephone: 910-486-8855  
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.

*James R. Matthews*

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     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:

*James R. Matthews gen. manager*

Date: \_\_\_\_\_