

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit information on license. Owner's Name: Bryant Lockan Phone: Site Address: Subdivision: Lot: Total Job Cost: O Description of Proposed Work: **General Contractor Information** Southern Touch Homes, LLC. 919-524-3354 Telephone **Building Contractor's Company Name** southerntouchhomesllc@gmail.com P.O. Box 2135 Angier, NC 27501 Email Address Address 78270 License # Electrical Contractor Information Description of Work JOURAN Service Size: Sno Electric 919-427-6952 Telephone Electrical Contractor's Company Name 19655 NC Hwy 210 Angier, NC 27501 **Email Address** Address 13075 License # Mechanical/HVAC Contractor Information Description of Work WO 919-934-9339 Mainstream Mechanical HVAC Telephone Mechanical Contractor's Company Name 412 Lazy Branch Drive Benson, NC 27504 mainstreammechanical@gmail.com **Email Address** Address 31005 License # Plumbing Contractor Information Description of Work Mork # Baths 910-814-7705 **Double J Plumbing** Plumbing Contractor's Company Name Telephone 614 Byrd Pond Road Bunnlevel, NC 28323 jamiejohnsonplumbing@gmail.com **Email Address** Address 21649 License # Insulation Contractor Information Tri City Insulation 334 East Mtn. Dr. Fayetteville, NC 28306 910-486-8855

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Telephone

Insulation Contractor's Company Name & Address



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

Signature of Owner/Contractor/Officer(s) of Corporation

Date

			mpensation N.C	.G.S. 87-14
The undersigned applicant being the:				
_	General Contractor	_ Owner	Officer/Agent of t	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				
	Title:	1	Doner	Date: 9-2023