



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Christopher + Miranda Moore Date: 10/12/23
Site Address: 1317 Old Hamilton Rd. Phone: (M) 910.818.4553
Subdivision: N/A Lot: _____
Description of Proposed Work: New SFD on existing lot Total Job Cost: 250,000

General Contractor Information

Robert Pope Builders, LLC 919.868.2912
Building Contractor's Company Name Telephone
901 W. Pearsam St. Rural NC 28334 robert.popebuilders@gmail.com
Address Email Address
79853
License #

Electrical Contractor Information

Description of Work New SFD Service Size: 200 Amps T-Pole: Yes No
Mabry Electrical Service 919.639.4837
Electrical Contractor's Company Name Telephone
731 Mabry Rd. Angier NC 27501 johnnie@mabryelectrical.com
Address Email Address
15077-U
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
B+S Air Conditioning 919.894.5151
Mechanical Contractor's Company Name Telephone
5446 Elevation Rd. Benson NC 27504 harry.barbour@centurylink.net
Address Email Address
4256
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 2
LR Glover Plumbing 919.820.0026
Plumbing Contractor's Company Name Telephone
P.O. Box 764 Benson NC 27504
Address Email Address
PI 7958
License #

Insulation Contractor Information

Parker Brothers Insulation 910.990.5928
Insulation Contractor's Company Name & Address Telephone

***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

10/12/23
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:  member / manager Date: 10/12/23