

\* 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 # \_\_\_\_\_

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

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Owner's Name: Nicholas A. & Brandyn Thompson	Date: 1015-2023
Site Address: De Collins Rd Lillington NC 275	Phone: (330) 328~3642
Subdivision:/\_\( \oserline{\chi}	Lot:
Description of Proposed Work: New Home Construction	Total Job Cost: #247, 477,00
General Contractor Informa	tion
1	ofc (960) 865-2777 mg (960) 885-16
Building Contractor's Company Name	Telephone
233 Tailwinds Lane ST. Pauls NC 28384	ohenterprisesna e gmail.com
Address	Email Address
	E SQ FT_0
	ation
Description of Work All Electrical to built New Horse Service Si	ze: 200 Amps T-Pole: X Yes No
T	(910)401-8903
Electrical Contractor's Company Name	Telephone
6336 Pawling C+ Fayetteville NC 28304	transformelectric.nce amail.com
Address	Email Address
	formation
	- Crimation
_ 1,	1010 101-5877
Mechanical Contactor's Company Name	Telephone
	noove e gare heating. com
Address	Email Address
13720	
License #	
Description of Work All Plumbing Work to build New Home	# Baths 🔍
	910-920-3908
	Telephone woodsplumbingllc@gmail.com
	Email Address
	Email Address
License #	
Insulation Contractor Information	
Cumbakend Insulation Co. Tre, 4205 Clinton A.	(910)484-7118
Insulation Contractor's Company Name & Address Fayette les C	2x3/2 <sup>Telephone</sup>
	Owner's Name: Nicholas A. & Brancyn Thompson Site Address: 178 Collins Al Lillington NC 275 Subdivision: Occupant New Home Construction  General Contractor Informa  Old Hickey Enterprises, LLC  Building Contractor's Company Name  233 Tailwinds Lane ST. Rauk NC 28384  Address  Bicense #  Electrical Contractor Inform  Description of Work All Electrical to build New Home Service Si  Transform Electric LLC  Electrical Contractor's Company Name  (336 Pawling Ct Fayetteville NC 28304  Address  I - 36283  License #  Mechanical/HVAC Contractor Inform  Description of Work All HVAC work to build New Home  Gove Heating Air, Inc  Mechanical Contractor's Company Name  585 Gillespie St Fayetteville NC 28301  Address  13720  License #  Plumbing Contractor Inform  Description of Work All Dlumbing work to build New Home  Woods Plumbing Service LLC  Plumbing Contractor's Company Name  109 Hope Mills Rd, Fayetteville, NC 28304  Address  33076  License #  Insulation Contractor Inform

\*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.

Interpretation 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: Dary W. Sooley for OH Hickory Enterprises LLC Date: 10-15-2023