

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

information on license.

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

Owner's Name: Sexton Vann		Date: 10/24/2023
Site Address: 144 Red Hill Church Rd	Phone:	910-892-1231
Subdivision:	Lot:	
Description of Proposed Work: New SFD		
General Contractor Information		,
Freedom Constructors Inc of Dunn	910-892-1231	
Building Contractor's Company Name	Telephone	
PO BOX 608, Dunn, NC 28334	STEVEJERNIGAN58	@OUTLOOK.COM
Address	Email Address	_
11590 UL HEATED SQ FT 200 GARAGE S	Q F T0	
License #		
Description of Work Wire New SFD Service Size: 2		ole: x Yes No
Wester & Pace Electric, INC	919-498	
Electrical Contractor's Company Name	Telephone	-4940
614 Leslie Rd, Sanford, NC	williamwester	@amail.com
Address	Email Address	<u>agman.com</u>
12007-U		
License #		
Mechanical/HVAC Contractor Information	<u>ation</u>	
Description of Work New SFD Mechanical		
J & M Heating and Air Condition Co Inc	910-897-5501	
Mechanical Contractor's Company Name	Telephone	
724 Turlington Rd. Dunn, NC 28334	<u> </u>	centurylink.net
Address	Email Address	
L.17164		
License # Plumbing Contractor Information	•	
	_	
Description of Work Plumb new SFD	# Baths 2	
LR Glover Plumbing Co	919-894-	4001
Plumbing Contractor's Company Name	Telephone	S I
111 Carolyn Drive, Benson,NC 27504	leeglover22@	yanoo.com
Address	Email Address	
License #		
Insulation Contractor Information		
Parker Bros Insulation, 825 Kitty Fork Rd., 28328	<u>-</u> 910-564-4132	2
Insulation Contractor's Company Name & Address	Telephone	

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



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.

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Timothy W. Tart Signature of Owner/Contractor/Officer(s) of Corporation	10/24/2023		
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 _X 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:			
X 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.			
X 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: Timothy M. Tart Estimating Mgr	Date: 10/24/2023		