



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: George Wheeler Date: 11-7-25
Site Address: TRULOVE Rd. Phone: 919-422-9186
Subdivision: _____ Lot: _____
Description of Proposed Work: New home Total Job Cost: 400,000

General Contractor Information

Jan with
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
HEATED SQ FT 2507 GARAGE SQ FT 773
License # _____

Electrical Contractor Information

Description of Work wire new Service Size: 200 Amps T-Pole: Yes No
Wester & PACC elec. inc. Telephone 919-498-4748
Electrical Contractor's Company Name _____
614 Leslie Rd. Sanford NC Email Address william.wester@gmail.com
Address _____
12007-0
License # _____

Mechanical/HVAC Contractor Information

Description of Work New 55cf mechanical
Jan Heating & Air Inc Telephone 910-897-5501
Mechanical Contractor's Company Name _____
224 Furlington Rd. Dunn Email Address janheatingandair.com
Address _____
217164
License # _____

Plumbing Contractor Information

Description of Work Plub. new 55cf # Baths 2 1/2
LR Grace plumbing co Telephone 919-894-4651
Plumbing Contractor's Company Name _____
111 Carolina Dr. Benson NC Email Address lrcg@lrc-22.com
Address _____
2107258
License # _____

Insulation Contractor Information

Picker Bros Ins. 825 R. 4th Fork Rd Telephone 910-564-4132
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.

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

11-7-23
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: *[Signature]* Date: 11-7-23