

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Benjamin Stout Real Estate Services Inc.	Date 11/20/2023
Site Address: 95 Alderman Ct, Dunn 28334	Phone 910-779-0019
Subdivision: Fairground Farms	Lot 4
Description of Proposed Work: New Construction - Single Fam	nily Dwelling Total Job Cost \$228,713.00
General Contractor	<u>Information</u>
Benjamin Stout Real Estate Services Inc.	910-779-0019
Building Contractor's Company Name	Telephone
PO Box 53798, Fayetteville, NC 28305	permitting@benstoutconstruction.com
Address	Email Address
69633-U HEATED SQ FT	GARAGE SQ FT
License #	
Electrical Contracto	
Description of Work New Install Southern Pride	ervice Size: 200 Amps T-Pole: X Yes No
	919-750-9436 Telephone
Electrical Contractor's Company Name	Telephone
370 Slapout Rd. Mt. Olive, NC 28365	southernpride.mp@gmail.com
Address	Email Address
24726	
License # Mechanical/HVAC Contra	actor Information
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Description of Work New install / essential air Certified	910-858-0000
Mechanical Contractor's Company Name	Telephone ehrin.certified@gmail.com
PO Box 1071, Hope Mills, NC 28348	
Address	Email Address
20012 H3-C1	
License # Plumbing Contracto	r Information
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Description of Work New Install	# Baths_2.5
Dell Haire	910-429-9939
Plumbing Contractor's Company Name	Telephone
PO Box 65048, Fayetteville, NC 28312	vickie.beard@hotmail.com
Address	Email Address
32886 P-1	
License #	r Information
Insulation Contracto	
Cumberland Insulation - 4205 Clinton Road, Fayetteville, NC 28312 Insulation Contractor's Company Name & Address	910-484-7118
DISCHARGE CONTRACTORS CONTRACTOR INSTITLE & ACCURASS	I EIEUTUTE

*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.	
Hannah WcGrath Signature of Owner/Contractor/Officer(s) of Corporation 11/20/2023 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:	
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: Hannah McGrath Permitting Coordinator Date: 11/20/2023	
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