



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: Jaime Investment INC Date: 01/09/24
Site Address: 0 McKay Dr Spring lake NC Phone: 919 478 3428
Subdivision: Twin lake Lot: 14
Description of Proposed Work: New single family home Total Job Cost: 160000

General Contractor Information

Godon Construction (919) 770 1070
Building Contractor's Company Name Telephone
323 N Steele St Sanford NC
Address Email Address
46172 HEATED SQ FT 1560 GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work New electrical Service Size: 200 Amps T-Pole: Yes No
David Hooker Electric CO Telephone 910-988-83-33
Electrical Contractor's Company Name
Address _____ Email Address _____
10657L
License # _____

Mechanical/HVAC Contractor Information

Description of Work New HVAC INSTALL
Fluette Heating + Air LLC Telephone 336-516-8872
Mechanical Contractor's Company Name
PO box 1413 Graham, NC 27253 Email Address seluette@bellsouth.net
Address _____
29229
License # _____

Plumbing Contractor Information

Description of Work New plumbing # Baths 2
Titan's Plumbing LLC Telephone _____
Plumbing Contractor's Company Name
PO box 1045 Dunn NC Email Address _____
Address _____
34800
License # _____

Insulation Contractor Information

Morelos Construction INC Telephone 919 478 3428
Insulation Contractor's Company Name & Address 2512 Watson Ave Sanford NC

*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.

David Perez Jaime
Signature of Owner/Contractor/Officer(s) of Corporation

01/09/24
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: David Perez Jaime, Jaime Investment INC Date: 01/09/24