

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: Stella & James Bridges		Date	1/22/2024
City Auton. I coffed Charack Dat	Dh	•	
Subdivision:	Prione	919-	775-9143
Description of Proposed Work: Site Built Home - New Construction	Total Job Cost	\$357,3	300.00
CRH Homes, LLC			
	919-669-4928		
Building Contractor's Company Name	Telephone		
3096 S. Horner BLvd #121, Sanford, NC, 27332	general@crhhomes.com		
Address	Email Address		
84048 License #	581		
Flactrical Contractor Information	· <u></u>		
Description of Work New Construction - Residential Service Size:	<u>n</u> 200 Amba T.D.	.ı Y	
Ideal Electric. INC	200 Amps 1-Pi)ie: <u>^</u>	YesNo
Electrical Contractor's Company Name	919-323-3965 Telephone		
PO Box 969, Farmington MI 48332	•		
Address	michael.frittelli@idealelec.com Email Address		
27098-U	Linaii Address		
License #			
Mechanical/HVAC Contractor Inform	<u>ation</u>		
Description of Work New Construction - Residential			
Total Systems Heating & Cooling, INC	910-436-3450	i	
Mechanical Contractor's Company Name	Telephone		
13341 NC Hwy 210 South, Spring Lake NC 28390	ap@totalsystemsnc.com		
Address	Email Address		
28846			
License #			
Plumbing Contractor Information	<u>1</u>		
Description of Work New Construction - Residential	# Baths 2.5		
A&M Contractors, INC	910-652-6230		
Plumbing Contractor's Company Name	Telephone		
218 Ellerbe Hatchery Rd, Ellerbe NC 28338	amc1@rsnet.org		
Audress	Email Address		
28648			
License #			
Insulation Contractor Information	Į.		
TruTeam - Tri-City Insulation - 3154 Camden Rd St1, Fayetteville NC 28306	910-486-8855		
nsulation Contractor's Company Name & Address	Telephone		

*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 of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
X 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.
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: Date: 1-24-2023