

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: A&G Residential LLC	Date: 2/11/2025
Site Address: 173 Jones Creek Lane Lillington NC 27546	Phone: 910-779-0229
Subdivision: _ Jones Creek	Lot: 009
Description of Proposed Work:	Total Job Cost: _
General Contractor Information	
A&G Residential LLC	910-779-0229
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305	anastasia@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 2983 GARAGE SO	Q FT 478
License #	
Electrical Contractor Informatio	<u>n</u> Amps_T-Pole: <u>x_</u> YesNo
Description of Work <u>Single Family Electric</u> Service Size: JM Pope Electric	Amps T-Pole. x TesNo
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330	
Address	Marshallpope74@gmail.com Email Address
21326L	
License #	
Mechanical/HVAC Contractor Inforn	nation
	nation
Mechanical/HVAC Contractor Inforn	919-550-7711
Mechanical/HVAC Contractor Inform Description of Work <u>Single Family HVAC</u>	
Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Carolina Comfort Air	919-550-7711
<u>Mechanical/HVAC Contractor Inform</u> Description of Work <u>Single Family HVAC</u> Carolina Comfort Air Mechanical Contractor's Company Name	919-550-7711
Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528	919-550-7711 Telephone
Mechanical/HVAC Contractor Inform Description of Work <u>Single Family HVAC</u> Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528 Address 29077 License #	919-550-7711 Telephone Email Address
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Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528 Address 29077 License # Plumbing Contractor Information Description of Work Single Family Plumbing	919-550-7711 Telephone Email Address n # Baths 2
Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528 Address 29077 License # Plumbing Contractor Information Description of Work Single Family Plumbing Titans Plumbing	919-550-7711 Telephone Email Address n # Baths 2 919-902-0990 Telephone business@titansplumbing.com
Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528 Address 29077 License # Plumbing Contractor Information Titans Plumbing Plumbing Contractor's Company Name PO Box 1045 Dunn NC 28335 Address	919-550-7711 Telephone Email Address <u>n</u> # Baths 2 919-902-0990 Telephone
Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528 Address 29077 License # Plumbing Contractor Information Titans Plumbing Plumbing Contractor's Company Name PO Box 1045 Dunn NC 28335 Address 34800	919-550-7711 Telephone Email Address n # Baths 2 919-902-0990 Telephone business@titansplumbing.com
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Mechanical/HVAC Contractor Inform Description of Work Single Family HVAC Carolina Comfort Air Mechanical Contractor's Company Name PO Box 190 Clayton NC 27528 Address 29077 License # Plumbing Contractor's Company Name PO Box 104 Single Family Plumbing Titans Plumbing Plumbing Contractor's Company Name PO Box 1045 Dunn NC 28335 Address 34800 License #	919-550-7711 Telephone Email Address p # Baths 2 919-902-0990 Telephone business@titansplumbing.com Email 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.

2/11/2025

ကြို က်တွ 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.

Х 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: Anastasia Dailey - Construction Coordinator _____ Date: 2/11/2025