

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

Application for Residential Building and The	ades i cinit		
Owner's Name: Billing Smith	Date 3-11-24		
Site Address: 2130 Conemil Rd., Conts, INC 27521			
Subdivision: N N	Lot		
Description of Proposed Work: Construction of New SFD	Total Job Cost 4 H (60, 000 , 02		
General Contractor Information			
Barefoot Building Company, LLC	910-890-3256		
Building Contractor's Company Name	Telephone		
PO BOX 1411 , Coats , NC 27521	Wrbarefut @ Yahoo. com Email Address		
Address 21427	715		
License #			
Electrical Contractor Information			
Description of Work installation of electrical Service Size:			
Wester + Pace Electrical, Inc. Electrical Contractor's Company Name	<u>(919) 499 - 5389</u> Telephone		
614 Leslie Rd., Sanford, NC	\ \		
Address	Email Address		
U. 12007			
License # Mechanical/HVAC Contractor Inform	ation		
Description of Work Installation of HVAC system	ation		
J+M Heating + Air Condition Co., Fire.	(910) 897-5501		
Mechanical Contractor's Company Name	Telephone		
724 Turlington Road, Dunn, NC 28334			
Address /	Email Address		
L. 17164			
License # Plumbing Contractor Information	n '		
Description of Work installation of plumbing syste	- ^ V		
· · · · · · · · · · · · · · · · · · ·	910-514-7807		
Plumbing Contractor's Company Name	Telephone		
1080 Reedy Prong Church Rd. Newton Grove,	<u> </u>		
Address	Email Address		
36262 License #			
License # Insulation Contractor Informatio	<u>n</u>		
	(919) (630 - 8365) Telephone		
Insulation Contractor's Company Name & Address			
1200 Corporation PKay Suite 121, Raleigh, NC 27610			
*NOTE: General Contractor / owner must fill out and sign the s	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

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Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
The direction 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: Wee Be , Member - Manyon Date: 3-11-24