



Application # _____

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

* 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: SIGNATURE HOME BUILDERS INC Date 1/10/2024

Site Address: 1504 DOCS RD LILLINGTON NC 27546 Phone 910-892-9299

Subdivision: _____ Lot 2

Description of Proposed Work: NEW CONSTRUCTION Total Job Cost _____

General Contractor Information

SIGNATURE HOME BUILDERS INC 910-892-9299

Building Contractor's Company Name Telephone

1209 N MAIN ST LILLINGTON NC 27546 CHRIS@SIGNATUREHOMEBUILDERS.COM

Address Email Address

49431 HEATED SQ FT 1253 GARAGE SQ FT 286

License # _____

Electrical Contractor Information

Description of Work ELECTRICAL Service Size: 200 Amps T-Pole: X Yes ___ No

JASON H POPE ELECTRICAL CONTRACTORS INC 919-820-0837

Electrical Contractor's Company Name Telephone

81 BEAVER CREEK DR DUNN NC 28334 _____

Address Email Address

27284 _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC _____

CENTRAL AIR HEATING AND COOLING 919-963-0001

Mechanical Contractor's Company Name Telephone

PO BOX 175 FOUR OAKS NC 27524 _____

Address Email Address

28699 _____

License # _____

Plumbing Contractor Information

Description of Work PLUMBING # Baths _____

LR GLOVER PLUMBING INC 919-820-0026

Plumbing Contractor's Company Name Telephone

PO BOX 764 BENSON NC 27504 _____

Address Email Address

7958 _____

License # _____

Insulation Contractor Information

CUMBERLAND INSULATION 910-484-7118

Insulation 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.

Christopher Sherrod
Signature of Owner/Contractor/Officer(s) of Corporation

01/10/2024
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: Christopher Sherrod Head of Construction Date: 01/10/2024