



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 691 KRAMER RD. LILLINGTON, NC PIN: _____
Owner: PATRICK O'KELLEY Phone: _____ Email: _____
Description of Proposed Work: SFR Total Job Cost: \$160,000.00

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

MOSS HOME BUILDERS 910-890-2111
General Contractor's Company Name Phone
PO Box 577 Lillington NC
Address Email
18437 27546
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Pole: YES ☐ NO ☐
Pioneer Electric 910-814-3751
Electrical Contractor's Company Name Phone
4212 Old US421 Lillington
Address Email
21443 NC 27546
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Beasley's Htg & Air 910-894-4248
Mechanical Contractor's Company Name Phone
57 Wc Beasley Ln Lenoir
Address Email
29497 NC
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Williford Plumbing 919-915-0533
Plumbing Contractor's Company Name Phone
865 Jerhight Loop Rd
Address Email
30747 Dunn NC
License #

INSULATION CONTRACTOR INFORMATION

Stephens Bldg Products 919-630-8365
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

7/30/25

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

7/30/25

Date