

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

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

Application for Residential Building and Trades Permit

Owner's Name: Hunters Dream Homes, LLC	
Site Address: 15 Red Bird Dr., Cameron, M	Phone 919-915-0425
Subdivision: Tahan Ray Fair latta	Lot
Description of Proposed Work: New Single Family Home	Total Job Cost */50,000
General Contractor Information	
11 . L. Donne House 111	919-915-0425
Building Contractor's Company Name	Telephone,
2413 Crocketts Cove Rd, Wy theville, VA 24382	Telephone Teleph
Address	Email Address
L 101565 HEATED SOFT 1494 GARAGE SC	FT 415
License #	
Description of Work NEW <u>Electrical Contractor Information</u> Service Size:	<u>1</u> 20℃_Amps_T-Pole: <u>1∕</u> YesNo
By fire Electric	910-491-5490
Electrical Contractor's Company Name	Telephone
5247 US 301 South, Hope Mills, NL 28348	inspections. by for delectrica
Address	Email Address
<u> </u>	
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work NEW	
Stephenson Hegty + AC, Inc	919-329-0686 Telephone
Mechanical Contractor's Company Name	1 diophione
343 Shipwash Dr. Carrer, NC 27529	stephensonhyae@aolicom
Address	Email Address
Address 18644	
License #	
Plumbing Contractor Informatio	"
Description of Work NEW	# Baths X / A
Titaus Plumany LLC	919-615-1947
Plumbing Contractor's Company Name	Telephone
1463 South Clipton Ave, Duna, NC	business @ titans plumbing.com
Address	Email Address
34800 Unlimited	
License # Insulation Contractor Information	on
Tatum Insulation, 519 Old Day Store Rd, Carner, NC 27529	919-661-0999
Insulation Contractor's Company Name & Address	Telephone



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.

3-26-20

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Signature of Owner/Contractor/Officer(s) of Corpora	tion Date
Affidavit for Worker's C	Compensation N.C.G.S. 87-14
The undersigned applicant being the:	ompensation R.O.O.O. or 14
	0, 0, 1, 5, 0, 1, 1, 0
General Contractor Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the set forth in the permit:	e person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has ob	tained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and hat them.	as obtained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has covering themselves.	as their own policy of workers' compensation insurance
Has no more than two (2) employees and no	subcontractors.
While working on the project for which this permit is Department issuing the permit may require certificat to issuance of the permit and at any time during the carrying out the work.	sought it is understood that the Central Permitting tes of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation
Sign w/Title: MA 159 owner	/mamager