

* 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: Elm Street Builders, LLC		Date 2/21/2024
Site Address: 140 Pondhurst Lane	Phone	050 044 4000
Subdivision: DVL Pondhurst	Lot 3	
Description of Proposed Work: New Single Family Dwelling	Total Job Cost	
General Contractor Information		
Elm Street General Contractors	252-814-1622	
Building Contractor's Company Name	Telephone	
3434 Kildaire Farm Road, Suite 240 Cary, NC 27518	agoins@elmstreetbldrs.com	
Address	Email Address	
81154-U HEATED SQ FT 3600 GARAGE SQ F	<mark>Q FT</mark> 542	
License #		
Description of Work New SFD Dwelling Electrical Contractor Information Service Size:	200 Amps T.B	olo: X Vos No
W3 Electric	919-550-734	
Electrical Contractor's Company Name	Telephone	
308 A W Main St Clayton, NC 27520	greg.hengle@w3electric.com	
Address	Email Address	
11452-U		
License #		
Mechanical/HVAC Contractor Informa	ation_	
Description of Work New SFD Dwelling	040 000 000	
Biggs Heating and Air Conditioning LLC	919-329-8288	
Mechanical Contractor's Company Name	Telephone	
298 Shipwash Dr Garner, NC 27529 Address	shantelledriver@biggshvac.com Email Address	
19100	Email Address	
License #		
Plumbing Contractor Information	<u>l</u>	
Description of Work New SFD Dwelling	# Baths 4.0	
Barbour and Pourron Plumbing	919-553-4455	
Plumbing Contractor's Company Name	Telephone	
PO Box 934 Clayton, NC 27528	jeromy@bpplumbing.com	
Address	Email Address	
27132-U		
License # Insulation Contractor Information		
Will Cee Insulation	<u>.</u> 919-457-3989	
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.

Christopher Weir	2/7/2024		
Christopher Wein 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:	•		
X General Contractor X 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:			
X Has three (3) or more employees and has obtain	ed workers' compensation insurance to cover them.		
Has one (1) or more subcontractors(s) and has othem.	btained workers' compensation insurance to cover		
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance			
Has no more than two (2) employees and no sub	ocontractors.		
While working on the project for which this permit is sou Department issuing the permit may require certificates of to issuance of the permit and at any time during the per carrying out the work.	of coverage of worker's compensation insurance prior		
Sign w/Title: Christopher Weir 1	President Date: 2/7/2024		