



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: Jacob & Jessica Dalton Date _____

Site Address: Josey Williams Road, Erwin NC Phone 919-903-0262

Subdivision: _____ Lot Tract 4

Description of Proposed Work: New Construction Total Job Cost \$740,000.00

General Contractor Information

CRH Homes, LLC 919-669-4928

Building Contractor's Company Name Telephone

3096 S. Horner BLvd #121, Sanford, NC, 27332 general@crhhomes.com

Address Email Address

84048 **HEATED SQ FT** 5522 **GARAGE SQ FT** 922

License # _____

Electrical Contractor Information

Description of Work New Construction Service Size: 400 Amps T-Pole: Yes No

Ideal Electric, INC 919-323-3965

Electrical Contractor's Company Name Telephone

PO Box 969, Farmington MI 48332 michael.frittelli@idealelec.com

Address Email Address

27098-U

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction

Total Systems Heating & Cooling, INC 910-436-3450

Mechanical Contractor's Company Name Telephone

13341 NC Hwy 210 South, Spring Lake NC 28390 ap@totalsystemsnc.com

Address Email Address

28846

License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 3 1/2

A&M Contractors, INC 910-652-6230

Plumbing Contractor's Company Name Telephone

218 Ellerbe Hatchery Rd, Ellerbe NC 28338 amc1@rsnet.org

Address Email Address

28648

License # _____

Insulation Contractor Information

TruTeam - Tri-City Insulation - 3154 Camden Rd St1, Fayetteville NC 28306 910-486-8855

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.


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

2-26-2024
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:  President/Owner Date: 2-26-2024