



Application # SFD2403-0073

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: Ray and Therese Perleburg Date 7/29/2024  
Site Address: 598 Prairie Lane, Lillington Phone 910-308-8702  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: New SFD Total Job Cost 330,010.00

**General Contractor Information**

Freedom Constructors Inc of Dunn 910-892-1231  
Building Contractor's Company Name Telephone  
PO Box 730, Dunn, NC 28335-0730 ttart.freedom@outlook.com  
Address Email Address  
11590 **HEATED SQ FT** 1658 **GARAGE SQ FT** 575  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Wiring SFD Service Size: 200 Amps T-Pole:  Yes  No  
Wester & Pace Electric, INC 919-498-4948  
Electrical Contractor's Company Name Telephone  
614 Leslie Rd, Sanford, NC williamwester@gmail.com  
Address Email Address  
12007U  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New SFD Mechanical  
J and M Heating and A/C 910-897-5501  
Mechanical Contractor's Company Name Telephone  
724 Turlington Rd. Dunn, NC 28334 jandmhvac@centurylink.net  
Address Email Address  
L17164  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumb new SFD # Baths 2  
LR Glover Plumbing Co 919-820-0076  
Plumbing Contractor's Company Name Telephone  
111 Carolyn Drive, Benson, NC 27504 leeglover22@yahoo.com  
Address Email Address  
L.07958  
License # \_\_\_\_\_

**Insulation Contractor Information**

Parker Bro's Insulation Clinton NC 910-564-4132  
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.**

Timothy Tart 7/29/2024  
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:

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: Timothy Tart Estimating Mgr Date: 7/29/2024