

* 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 3/13/20
Site Address: 122 Pondhurst Lane	Phone 252-814-142
Subdivision: DVL Pondhurst	Lot
Description of Proposed Work: New Single Family Dwelling	Total Job Cost 534,000
General Contractor Information	Control of the second of the s
Elm Street General Contractors	404-964-9802
Building Contractor's Company Name	Telephone
3434 Kildaire Farm Road, Suite 240 Cary, NC 27518	bfreeman@elmstreetbldrs.com
Address	Email Address
81154-U HEATED SQ FT 3449 GARAGE SC	oft 801
License #	
Description of Work New SED Service Size:	<u>n</u> ②oo Amps T-Pole: X YesNo
W3 Electric	919-550-7341
Electrical Contractor's Company Name	Telephone
308 A W Main St. Clayton, NC 27520	greg.hengle@w3electric.com
Address	Email Address
11452-U	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New SFD	
Biggs Heating and Air Conditioning LLC	919-329-8288
Mechanical Contractor's Company Name	Telephone
298 Shipwash Dr Garner, NC 27529	shantelledriver@biggshvac.com
Address	Email Address
19100	
License #	
Plumbing Contractor Information	
Description of Work New SED	_# Baths
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	919-457-3989
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

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 obtained workers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
$\frac{X}{\text{covering themselves}}$ 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 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: Date: 3/13/2021	