

Application #

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: BS Land LLC	Date: 6/11/2024
Site Address: 135 Jones Creek Lane Lillington NC 27546	Phone: 910-779-0229
Subdivision: Jones Creek	Lot: 003
Description of Proposed Work: New Single Family Dwelling	Total Job Cost: \$185845
General Contractor Informa	ation
A&G Residential LLC	910-779-0229
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305	anastasia@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 1629 GARAG	E SQ FT 415
License #	
Electrical Contractor Inform	nation
	lize: 200 Amps T-Pole: x Yes No
JM Pope Electric	910-890-3655
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford NC 27330	Marshallpope74@gmail.com
Address	Email Address
21326L	
License # Mechanical/HVAC Contractor In	formation
	TOTTI CHILDING
Description of Work Single Family HVAC	010 FF0 7711
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
PO Box 190 Clayton NC 27528	English Address
Address	Email Address
Plumbing Contractor Inform	nation
Description of Work Single Family Plumbing	
Description of Work Shigher anning Francisco	# Baths2
Titans Plumbing Plumbing Contractor's Common Alexander	919-902-0990 Talanhana
Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn NC 28335	business@titansplumbing.com
Address	Email Address
34800 License #	
License # Insulation Contractor Inform	nation
Tricity Insulation & Building Products	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.

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apaig	6/11/2024	
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 x _ C	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.		
X 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: Anastasia Dailey - Construction Coordinator	Date: 6/11/2024	