



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 PermitOwner's Name: A&G Residential LLC Date: 2/11/2025Site Address: 110 Mossy Bridge Ct Lillington NC 27546 Phone: 910-779-0229Subdivision: Jones Creek Lot: 18Description of Proposed Work: New Single Family Dwelling Total Job Cost: \$208,945**General Contractor Information**A&G Residential LLC 910-779-0229Building Contractor's Company Name Telephone916 Arsenal Ave Suite B Fayetteville NC 28305 anastasia@agresidentialinc.comAddress Email Address80672L **HEATED SQ FT** 2983 **GARAGE SQ FT** 678

License # _____

Electrical Contractor InformationDescription of Work Single Family Electric Service Size: 200 Amps T-Pole: x Yes NoJM Pope Electric 910-890-3655Electrical Contractor's Company Name Telephone409 Chatham Street Sanford NC 27330 Marshallpope74@gmail.comAddress Email Address21326L

License # _____

Mechanical/HVAC Contractor InformationDescription of Work Single Family HVACCarolina Comfort Air 919-550-7711Mechanical Contractor's Company Name TelephonePO Box 190 Clayton NC 27528Address Email Address29077

License # _____

Plumbing Contractor InformationDescription of Work Single Family Plumbing # Baths 2Titans Plumbing 919-902-0990Plumbing Contractor's Company Name TelephonePO Box 1045 Dunn NC 28335 business@titansplumbing.comAddress Email Address34800

License # _____

Insulation Contractor InformationTricity Insulation & Building Products 910-486-8855Insulation 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

2/21/2025

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner x 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.

 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: 2/21/2025