



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: Martin Hamilton Date: 4-16-24
Site Address: 7A On Rock Lane Phone: 910 890 0192
Subdivision: _____ Lot: 7A
Description of Proposed Work: Single family home Total Job Cost: 195,000.00

General Contractor Information

Horizon Building Solutions 919 868 2493
Building Contractor's Company Name Telephone
1920 N Bryson Ct Froy 27526 Horizoncustoms@yahoo.com
Address Email Address
74206 HEATED SQ FT 1250 GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work wiring & new house Service Size: 400 Amps T-Pole: Yes No
Farrow Electric 919 687 3733
Electrical Contractor's Company Name Telephone
801 E. Trinity Ave Durham 27704 Farrowelectric3733@frontier.com
Address Email Address
3733
License #

Mechanical/HVAC Contractor Information

Description of Work Hvac a new house
JC's heating and air 919 369 2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs 27540 _____
Address Email Address
H-3 22047
License #

Plumbing Contractor Information

Description of Work Plumbing new house # Baths 1
Eric Price 910 890 1350
Plumbing Contractor's Company Name Telephone
19 CT Thomas Lane Lillington 27546 Priceerofig76@yahoo.com
Address Email Address
L34384
License #

Insulation Contractor Information

HomeWorth Inc. 5222 Guess Rd 919 957 9600
Insulation Contractor's Company Name & Address Telephone
Rousemont 27512

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

4-16-24
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: [Signature] Owner Date: 4-16-24