



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

\* 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: JW Sealey and Associates Inc Date 9-10-24  
Site Address: 244 Hazelwood Rd Lillington Phone 910-322-3670  
Subdivision: South Creek Lot 102  
Description of Proposed Work: single family residential Total Job Cost \$ 252,000.00

**General Contractor Information**

JW Sealey & Associates 910-322-3670  
Building Contractor's Company Name Telephone  
PO Box 99 Wade NC 28395 sara.sealey07@gmail.com  
Address Email Address  
30914 HEATED SQ FT 1952 GARAGE SQ FT 528  
License #

**Electrical Contractor Information**

Description of Work new construction Service Size: 200 Amps T-Pole:  Yes  No  
Amped Electric 919-625-0180  
Electrical Contractor's Company Name Telephone  
510 Denning Rd Benson, NC 27504 ampedelectric@yahoo.com  
Address Email Address  
30129-1EL-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work new construction  
Foust Heating and Air Conditioning Inc 910-323-0587  
Mechanical Contractor's Company Name Telephone  
2976 Dunn Rd Eastover NC 28312 Kim@foustair.com  
Address Email Address  
17439 H231  
License #

**Plumbing Contractor Information**

Description of Work new construction # Baths 2.5  
Evan Hargrove 919-820-2613  
Plumbing Contractor's Company Name Telephone  
2409 Juniper Church Rd Four Oaks NC evanhargrove57@yahoo.com  
Address Email Address  
36339  
License #

**Insulation Contractor Information**

Cumberland Insulation 4205 Clinton Rd 910-484-7118  
Insulation Contractor's Company Name & Address Telephone  
Fayetteville NC  
28312

\*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.

Lara Selby  
Signature of Owner/Contractor/Officer(s) of Corporation

9-10-24  
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: Lara Selby office manager Date: 9-10-24