



Application # _____

Harnett County Central Permitting
PO Box 66 Lillington, NC 27548
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: Tim Capgs Date: 5-6-24
Site Address: 194 Graham Rd. Sanford 27332 Phone: 919 906 4069
Subdivision: _____ Lot: _____
Description of Proposed Work: site built house Total Job Cost: 450,000.00

General Contractor Information

Thomas Properties 919-906-4069
Building Contractor's Company Name Telephone
PO Box 875 Broadway, NC 27505 southernconcrete@windstream.net
Address Email Address
5945a HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work New home Service Size: _____ Amps T-Pole: Yes No
Wester & Pace 919-499-3946
Electrical Contractor's Company Name Telephone
4105 Leslie Rd. Sanford, NC 27330 williamwester@gmail.com
Address Email Address
12007U
License #

Mechanical/HVAC Contractor Information

Description of Work New home
Affordable Heating & Air 919-770-3260
Mechanical Contractor's Company Name Telephone
PO Box 326 Lemon Springs, NC 28355 _____
Address Email Address
200410
License #

Plumbing Contractor Information

Description of Work New home # Baths _____
Double J Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
114 Byrd Rd. Bunnlevel, NC 28323 JamieJohnsonplumbing@gmail.com
Address Email Address
211049
License #

Insulation Contractor Information

Tatum's Insulation 919-661-0999
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.

Steve Thomas
Signature of Owner/Contractor/Officer(s) of Corporation

5-6-24
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: Steve Thomas Builder Date: 5-6-24