



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: TNT of Coats LLC Date 7/25/24
Site Address: 27 Grace Rd. Dunn NC 28334 Phone 910 984-4028
Subdivision: _____ Lot _____
Description of Proposed Work: New Home Construction Total Job Cost 150,000.00

General Contractor Information

Turner Matthews Const. Inc. 910 984-4028
Building Contractor's Company Name Telephone
1120 Carson Gregory W. Angier NC 27501 turner.matthews@gmail.com
Address Email Address
63204 HEATED SQ FT 850 GARAGE SQ FT NO
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Cold South Electrical Mechanical 919 800-7918
Electrical Contractor's Company Name Telephone
1929 NC 42 Hwy Willow Spring js@coldsouthnc.com
Address Email Address
31355
License # ~~31355~~

Mechanical/HVAC Contractor Information

Description of Work _____
Parkers Electric Cold South Mechanical
Mechanical Contractor's Company Name Telephone
167 Stone Henge Rd. Dunn NC parkarselectric2017@gmail.com
Address Email Address
31658
License #

Plumbing Contractor Information

Description of Work _____ # Baths 1
Gilbert Plumbing Co. 919 568-3060
Plumbing Contractor's Company Name Telephone
1638 Timothy Rd. Dunn 28334 910 214-1274
Address Email Address
10929 gpc@interstar.net
License #

Insulation Contractor Information

Insulation Inc. 5902 Fayetteville Rd 919 790 9684
Insulation Contractor's Company Name & Address Telephone
Raleigh NC 27603

*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.

Tom Watts

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

7/25/24

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: *Tom Watts*

Date: *7/25/24*