

Application #

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Benjamin Stout Real Estate Services Inc.		Date 5/31/2024
Site Address: 55 Marley Way, Dunn	Phone	910-779-0019
Subdivision: Fairground Farms Lot 12		
Description of Proposed Work: New Construction - Single Family Dwelling	_ Total Job Cost _	191,213
General Contractor Information		
Benjamin Stout Real Estate Services Inc. 910-779-0019		
uilding Contractor's Company Name Telephone		
PO Box 53798, Fayetteville, NC 28305	permitting@benstoutconstruction.com	
Address	Email Address	
69633-U HEATED SQ FT 2130 GARAGE SC	) FT 398	
License #		
Electrical Contractor Information		
Description of Work New Install Service Size:	:	
Southern Pride	919-750-9436	
Electrical Contractor's Company Name	Telephone	
370 Slapout Rd. Mt. Olive, NC 28365	southernpride.mp@gmail.com	
Address	Email Address	
24726		
License #	action	
Mechanical/HVAC Contractor Inform	<u>iation</u>	
Description of Work New install / essential air	0.40.050.000	
Certified	910-858-0000	
Mechanical Contractor's Company Name  Telephone		
PO Box 1071, Hope Mills, NC 28348 ehrin.certified@gmail.c		gmail.com
Address	Email Address	
20012 H3-C1		
License #	_	
Plumbing Contractor Information	_	
Description of Work New Install	_# Baths	
Dell Haire	910-429-9939	
Plumbing Contractor's Company Name	Telephone	
PO Box 65048, Fayetteville, NC 28312	vickie.beard@hotmail.com	
Address	Email Address	
32886 P-1		
License #		
Insulation Contractor Informatio  Cumberland Insulation - 4205 Clinton Road, Fayetteville, NC 28312	<u>n</u> 910-484-7118	
	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.

Hannah McGrath	05/31/2024		
Hannah WcGrath Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor OwnerX Of	fficer/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.			
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 in Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitted carrying out the work.	verage of worker's compensation insurance prior		
Sign w/Title: Hannah McGrath	Date: 05/31/2024		