

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: Terry Abney Sr.	Date April 30, 2024
Site Address: 157 W Jackson Street Coats NC 27521	Phone 910-984-7573
Subdivision: NA	
Description of Proposed Work: Accessory Dwelling	
General Contractor Info	
Whittenton Builders Enterprise	919-427-8465
Building Contractor's Company Name	Telephone
863 Neighbors Road Dunn NC 28334	todd@whittentonbuilders.com
Address	Email Address
48607 HEATED SQ FT 398 GAI	RAGE SQ FT NA
License #	147
Electrical Contractor In	formation
Description of Work <u>Accessory Dwelling</u> Servi	
The Electriq Company	984-225-9884
Electrical Contractor's Company Name	Telephone
Angier NC	=
Address	Email Address
Mechanical/HVAC Contracto	or Information
A	
Description of Work	
Beasley's Heating & Air Mechanical Contractor's Company Name	
	Telephone
Coats NC Address	Email Address
9497	Email Address
License #	
Plumbing Contractor In	formation
Description of Work Accessory Dwelling	
Evan Hargrove Plumbing	
Plumbing Contractor's Company Name	Telephone
2409 Juniper Church Rd Four Oaks NC	
Address	Email Address
36339	
License #	
Insulation Contractor Information	
John Gipson	910-263-0499
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 bermission 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 of Owner/Contractor/Officer(s) of Corporation

June 7, 2024

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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.	
${\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover	
\underline{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 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: Date: April 30, 2024	