

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: Juan Cruz and spouse Maria Control Site Address: 448 Knight Rd Broadway, Subdivision: Survey for Namey Knight PC+5 51,de  Description of Proposed Work: Single Family Duelling	Date 9/20/24
Site Address: 448 Knight Rd Broadway	UC Phone 919 - 353-2865
Subdivision: Survey for Navey Knight PC+ 5 Stide	27-C_Lot
Description of Proposed Work: Single Family Duelling	Total Job Cost 150,060
General Contractor Information	
CUSTON CONTRACTING	919 77 5 149 7
Building Contractor's Company Name	Tolonhone
PO Box 2825 Sanford, NC 27331  Address	varoccive grocecompanies, co.
Address	
HEATED SQ FT 1227 GARAGE SO	FT 400
Flactrical Contractor Information	
Description of Work Wire house Service Size:	
Grace Electrical	910-303-6065
Electrical Contractor's Company Name	910-303-6065 Telephone
5128 Spring Hill Ch. Rd Lillington, NC Address 27546	iringled @ amail.com
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work Head Pump	
Description of Work  Affordable HT6+ AIV  Mechanical Contractor's Company Name  PO Box 326 Lemon Springs, IX  Address  Z8355	
Description of Work Heat Pump  Affordable HT6+ AIV  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355	
Description of Work Heat Pump  Affordable HT6+ AIV  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355  License #	919 770-3260 Telephone 19h Flying 4x4@gmail.co
Description of Work Heat Pump  Affordable HT6+ AIV  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355  License #	199770-3260 Telephone 19h Flying 4x4@gmail.co
Description of Work Heat Pump  Affordable HT6+ AIV  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355  License #	919 770-3260 Telephone 14h Flying 4x4@gmail.co Email Address  1 # Baths 2
Description of Work  Affordable HT6+ AIX  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355  License #  Plumbing Contractor Information  House  Semuel W. Thomas	919 770-3260 Telephone 14h 6141n4 4124@ gmail.co Email Address  1 # Baths 7 919 499-7359
Description of Work  Affordable HT6+ AIX  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355  License #  Plumbing Contractor Information  House  Plumbing Contractor's Company Name	919 770-3260 Telephone 14h 6141n4 424@ gmail.co Email Address  1 # Baths 2 1-1-359 Telephone
Description of Work Head Pump  Affordable HT6 + ALV  Mechanical Contractor's Company Name  PO Box 326 Lemon Springs, IX  Address  28355  License #  Plumbing Contractor Information  Description of Work  Plumb House  Plumbing Contractor's Company Name  1480 Zion Ch Rd San Fold No 27330	1 Telephone  14h Flying 4x4@gmail.co  Email Address  1 # Baths 2 919 499-7359  Telephone  reliable plumbing windstream,
Description of Work  Affordable HT6+ AIX  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, NC  Address  28355  License #  Plumbing Contractor Information  House  Plumbing Contractor's Company Name	919 770-3260 Telephone 14h 6141n4 424@ gmail.co Email Address  1 # Baths 2 1-1-359 Telephone
Description of Work  Affordable HT6+ ALV  Mechanical Contractor's Company Name  PO Box 326 Le mon Springs, IX  Address  28355  Plumbing Contractor Information  Description of Work  Plumb House  Plumbing Contractor's Company Name  1480 Zion Ch Rd Santold X 27330  Address  LLO715	1 Telephone  14h Flying 4x4@gmail.co  Email Address  1 # Baths 2 919 499-7359  Telephone  reliable plumbing windstream,
Description of Work Head Pump  Affordable HT6 + ALV  Mechanical Contractor's Company Name  PO Box 326 Lemon Springs, IX  Address  28355  License #  Plumbing Contractor Information  Description of Work  Plumb House  Plumbing Contractor's Company Name  1480 Zion Ch Rd San Fold No 27330	Telephone  14h Flying 4x4 @ gmail.co  Email Address  1  # Baths  2  919 499-7359  Telephone  Yelichleplumbing@windstream, Email Address
Description of Work  Affordable HT6+ ALV  Mechanical Contractor's Company Name  PO Box 326 Lemon Springs, NC  Address  28355  Plumbing Contractor Information  Description of Work  Plumb House  Plumbing Contractor's Company Name  1480 Zion Ch Rd San Fold (27330)  Address  License #	Telephone  14h Flying 4x4@ gmail.co  Email Address  1  # Baths 7  Telephone  Yelichleplumbing@windstream, Email Address

\*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.

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

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	
Sign w/Title: Date: 9/20/24	