

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: JOHN & LINDSAY PEREGOV Date 6/20/24
 Site Address: PO: 0596-66-2727-00 Phone 919-756-2483
 Subdivision: LOT 1 Lot _____
 Description of Proposed Work: NEW RESIDENTIAL CONSTRUCTION Total Job Cost +/- \$550,000

General Contractor Information

D&W REAL ESTATE VENTURES, LLC 919-756-2483
 Building Contractor's Company Name Telephone
106 PARKER ST. FOUR OAKS, NC 27524 jperegov3@gmail.com
 Address Email Address
85085 **HEATED SQ FT 2618** **GARAGE SQ FT 744**
 License #

Electrical Contractor Information

Description of Work NEW ELECTRIC INSTALL Service Size: _____ Amps T-Pole: Yes No
AMPED ELECTRIC LLC. 919-625-0180
 Electrical Contractor's Company Name Telephone
570 DENNING RD. BENSON, NC 27504 _____
 Address Email Address
30129
 License #

Mechanical/HVAC Contractor Information

Description of Work NEW HVAC SYSTEM INSTALL
CENTRAL AIR 919-963-0001
 Mechanical Contractor's Company Name Telephone
2040 NC HWY 96 S FOUR OAKS, NC 27524 _____
 Address Email Address
28699
 License #

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION INSTALL # Baths 2.5
THORNTON'S PLUMBING 919-550-4833
 Plumbing Contractor's Company Name Telephone
3160 A VINSON R.O. CLAYTON, NC 27527 _____
 Address Email Address
22152
 License #

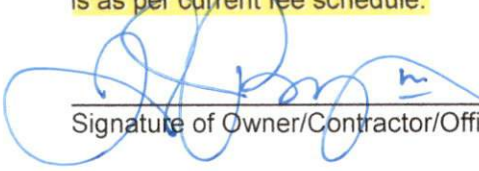
Insulation Contractor Information

MOZINGO'S INSULATION 919-422-9927
 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.



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

6/20/24

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:  _____ Date: 6/20/24