



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: AARON & CARLA MOUTRAY Date: 6-25-24
Site Address: CAMERON HILL ROAD Phone: 843-991-9388
Subdivision: _____ Lot: _____
Description of Proposed Work: NEW HOME Total Job Cost: 400,000 \$

General Contractor Information

BLANKENSHIP CONSTRUCTION 910-624-6461
Building Contractor's Company Name Telephone
2420 LULL WATER DRIVE, FAYETTEVILLE, NC 28306 BLANKENSHIPCONSTRUCTIONNC@GMAIL.COM
Address Email Address
34078-BLDG HEATED SQ FT 2218 GARAGE SQ FT 600
License #

Electrical Contractor Information

Description of Work WHOLE NEW HOUSE SYSTEM Service Size: 200 Amps T-Pole: ___ Yes No
LONNIE SMITH ELECTRIC 910-978-6638
Electrical Contractor's Company Name Telephone
8215 INNISBROOK CT, PARKTON, NC 28371 lselectric17@YAHOO.COM
Address Email Address
~~5045~~ 5045
License #

Mechanical/HVAC Contractor Information

Description of Work NEW HVAC SYSTEM
FAYETTEVILLE HEAT & AIR 910-484-2273
Mechanical Contractor's Company Name Telephone
6458 SANGI LANE, FAYETTEVILLE, NC 28312 FAYHEATAIR@YAHOO.COM
Address Email Address
18408
License #

Plumbing Contractor Information

Description of Work NEW HOUSE PLUMBING SYSTEM # Baths 2.5
FULTON PLUMBING & ASSOCIATES 910-988-3189
Plumbing Contractor's Company Name Telephone
~~208 HULL ROAD, FAYETTEVILLE, NC~~ 208 HULL ROAD, FAYETTEVILLE, NC FULTONPLUMBINGINC@GMAIL.COM
Address Email Address
28125 28303
License #

Insulation Contractor Information

STORNAWAY CONSTRUCTION 910-988-4070
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.

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

6-25-24
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: James Blumkin OWNER/G.C.

Date: 6-25-24