



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: PoP Homes – RDU, LLC Date 9-13-2024
Site Address: TBD College St, Lot 2, pin 0566-67-6873.000 Phone 919-525-5856
Subdivision: _____ Lot 2
Description of Proposed Work: New Single Family Residence Total Job Cost \$ 125,463

General Contractor Information

PoP Homes-RDU, LLC 919-525-5856
Building Contractor's Company Name Telephone
117 Christopher Drive, Clayton NC 27520 patrick@mypophomes.com
Address Email Address
87042 **HEATED SQ FT** 1508 **GARAGE SQ FT** 438
License #

Electrical Contractor Information

Description of Work Wire new home Service Size: 200 Amps T-Pole: Yes No
W3 Electric Inc 919-550-7341
Electrical Contractor's Company Name Telephone
308 W Main St STE A Clayton NC 27528 sjones@w3electric.com
Address Email Address
U.34522
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC new home _____
Comfort Air, Inc. 336-794-9730
Mechanical Contractor's Company Name Telephone
PO Box 552 Clemmons, NC 27012 kayaustinatac@outlook.com
Address Email Address
L-4218
License #

Plumbing Contractor Information

Description of Work Plumb new home # Baths 2.5
Thornton's Plumbing, Inc 919-550-4833
Plumbing Contractor's Company Name Telephone
3160 A Vinson Rd Clayton, NC 27527 tpiplanner@gmail.com
Address Email Address
L.22152
License #

Insulation Contractor Information

TriCity Insulation 2701 Rowland Dr STE 300 Raleigh, NC 27615 252-243-4999
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.

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

9-13-2024
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: Margaret Purnley Director of Marketing & Administration Date: 9-13-2024