

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

	91-2021
Owner's Name: PoP Homes - RDU, LLC	Date 9-13-2024
Site Address: TBD College St, Lot 5 pin 0566-67-6667.000 Phone 919-52	5-5856
Subdivision: Lot 5	
Description of Proposed Work: New Single Family Residence Total	Job Cost _\$_130,050
General Contractor Information	
PoP Homes-RDU, LLC	919-525-5856
Building Contractor's Company Name	Telephone
117 Christopher Drive, Clayton NC 27520 Address	patrick@mypophomes.com Email Address
87042 HEATED SQ FT 1710 GARAGE SQ FT 428	3
Electrical Contractor Information	
Description of Work Wire new home X Service Size:	200Amps T-Pole: X_YesNo
W3 Electric Inc Electrical Contractor's Company Name	919-550-7341 Telephone
308 W Main St STE A Clayton NC 27528	siones@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	2.5
Description of Work Plumb new home	
Thornton's Plumbing, Inc Plumbing Contractor's Company Name	<u>919-550-4833</u> Telephone
3160 A Vinson Rd Clayton, NC 27527	tpiplanner@gmail.com Email Address
Address	
L.22152 License #	
Insulation Contractor Information	
TriCity Insulation 2701 Rowland Dr STE 300 Raleigh, NC 27615	252-243-4999 Telephone
Insulation Contractor's Company Name & Address	relephone



*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.

9-13-2024

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.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
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	
Sign w/Title: Warne Punk pirector of Marketing & Administration Date: 9-13-2024	