



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: Aaron Spencer Date 10/31/2024
Site Address: Lot 4B Leaflet Church Road, Broadway, NC 27505 Phone 910-508-2526
Subdivision: Stewart Farms Lot 4B
Description of Proposed Work: Construct a Single Family Dwelling Total Job Cost \$600,000.00

General Contractor Information

Spencer Construction Company, LLC 910-508-2526
Building Contractor's Company Name Telephone
56 Lewis Road, Hampstead, NC 28443 aspence0819@gmail.com
Address Email Address
100419 HEATED SQ FT 3016 GARAGE SQ FT 694
License # _____

Electrical Contractor Information

Description of Work Rough In and Trim Out of New Residence Service Size: 400 Amps T-Pole: X Yes No
Arand J Electrical LLC 919-616-9632
Electrical Contractor's Company Name Telephone
3790 Christian Light Rd Fuquay Varina, NC 27526 d. Page 19@yahoo.com
Address Email Address
30755
License # _____

Mechanical/HVAC Contractor Information

Description of Work Rough In and Trim Out of Entire New Residence
Randy Lee Jackson 910-242-2941
Mechanical Contractor's Company Name Telephone
1113 Warren Rd.
Address Email Address
18512
License # _____

Plumbing Contractor Information

Description of Work Rough In and Trim Out of New Residence # Baths 4
Ken West Plumbing 919-709-7853
Plumbing Contractor's Company Name Telephone
156 Iris Bryant Rd. Erwin, NC 28339
Address Email Address
08252
License # _____

Insulation Contractor Information

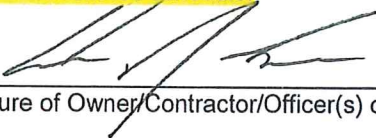
Tri-City Insulation and Building Products 910-486-8855
Insulation Contractor's Company Name & Address Telephone

***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

10/31/2024
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:

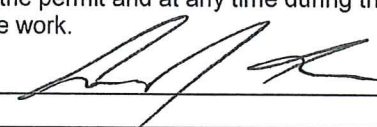
☐ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ 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:  Date: 10/31/2024