



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: Johnson Home Builders LLC Date _____
Site Address: _____ Phone 919 427 2976
Subdivision: _____ Lot 2
Description of Proposed Work: New House construction Total Job Cost 310,000.00

General Contractor Information

Johnson Home Builders LLC 919 427 2976
Building Contractor's Company Name Telephone
529 Chisenhall rd Angier NC 27501 bjohnsonbuilders@yahoo
Address Email Address
102567 **HEATED SQ FT 1876** **GARAGE SQ FT 436**
License #

Electrical Contractor Information

Description of Work Electrical for new house Service Size: 200 Amps T-Pole: Yes No
Mabry's Electrical Inc 919 639 4837
Electrical Contractor's Company Name Telephone
731 Mabry Rd Angier NC 27501
Address Email Address
150770
License #

Mechanical/HVAC Contractor Information

Description of Work Heating & Air for new home
Stephenson Heating & Air Inc 919 329 0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work Plumbing for new home # Baths 2 1/2
Barnes Plumbing 919 422 2133
Plumbing Contractor's Company Name Telephone
239 millwood Ln, Angier NC 27501
Address Email Address
17735
License #

Insulation Contractor Information

Tri City Insulation 3154 Comden rd Fayetteville NC 28306
Insulation Contractor's Company Name & Address Telephone
910 486 8855

***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.

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

10-25-24
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: *Bin Johnson* *owner* Date: 10-25-24