



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: Melissa P. Godwin Date 10/25/24
Site Address: 251 CHICORA CLUB DR. Dunn N.C. 28334 Phone _____
Subdivision: CHICORA Country Club Lot _____
Description of Proposed Work: SINGLE FAMILY DWELLING - SLAB Total Job Cost \$ 465,000⁰⁰

General Contractor Information

Godwin Construction & Development LLC Telephone 919.810-2591
Building Contractor's Company Name
P.O. Box 1922 Dunn N.C. 28335 Email Address buckgodwinconstruction@gmail.com
Address
75471 HEATED SQ FT 2846 GARAGE SQ FT 816
License #

Electrical Contractor Information

Description of Work New electrical service - new cont. Service Size: 200 Amps T-Pole: Yes No
Parkas Electric Telephone 910-984-6810
Electrical Contractor's Company Name
167 Stonehenge DR. Dunn NC 28334 Email Address parkaselectric@gmail.com
Address
31658
License #

Mechanical/HVAC Contractor Information

Description of Work Heat Pump - split system.
CENTRAL AIR Telephone 919-398-4281
Mechanical Contractor's Company Name
2040 NC Hwy 96 South Four Oaks N.C. 27524 Email Address fravis@centralair.nc.com
Address
28699
License #

Plumbing Contractor Information

Description of Work PLUMBING - new construction - SLAB # Baths 3 1/2
L.R. Govee PLUMBING Telephone 919-820-0026
Plumbing Contractor's Company Name
P.O. Box 764 Email Address N/A
Address
7958
License #

Insulation Contractor Information

Cumberland Insulation 4205 Clinton Rd Fayetteville Telephone 910-484-7118
Insulation Contractor's Company Name & Address

***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

10/25/24
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:  (PRESIDENT) Date: 10/25/24