

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

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Owner's Name: SandStone UC	Date 10.26.21
Site Address: 1394 Delma Chimes By Coats,	MC Phone (919) 818-7689
Subdivision: Pench Orchard (lats)	Lot 5
	, Total Job Cost \sim 250 K
General Contractor Information	
Pleasant Bulders of NC, LLC	(919) 848 - H6 85
Building Contractor's Company Name	Telephone
2201 Shoutt Johnson Rl. NC	pleasant buildersnieg
Address 27/11 111	Email Address
HEATED SQ FT 185 4 GARAGE SC	FT 459
License # Electrical Contractor Information	
Description of Work NW GOSTWITTIN Electric Service Size:	Amps T-Pole: X Yes No
Malorins Flector.	(9n) 629-4837
Electrical Contractor's Company Name	Telephone
731 Malous Rd. Atroner MC	
Address	Email Address
150774	
License #	ation.
Mechanical/HVAC Contractor Information	
Description of Work	(0)0) 807 (00)
J 4. M TTV HC	(10) 817 5501
Mechanical Contractor's Company Name	Telephone
124 (Wanton Pa. Dann, 19C	Email Address
Address 28334	Email Address
17/64	
License # Plumbing Contractor Informatio	n
	# Baths 2.5
Description of Work	19101814-7705
Dischier Centrator's Company Name	Telephone
Plumbing Contractor's Company Name	Telephone
614 Byrd Kel. Burnlevel, MC	Telephone Email Address
Plumbing Contractor's Company, Name (214 35 val Rd. Burnlevel, NC Address 211249 28333	
Address J. License #	Email Address
614 Byrd Kel. Burnlevel, MC	Email Address
Address J. License #	Email 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.

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	
Sign w/Title: Mille Plen Sant, Brilding Gatra Date: 10.26.24	