



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Donald Mangum Date: 11/4/2024
Site Address: Titan Roberts Road Erwin Phone: _____
Subdivision: PIN: 0587-31-1023 000 Lot: _____
Description of Proposed Work: new sfd Total Job Cost: 15200.00

General Contractor Information

Donald Mangum Telephone: 919-915-2528
Building Contractor's Company Name
365 Norvington Rd Lillington Email Address: LISA Tay God @ AOL.com
Address
HEATED SQ FT _____ GARAGE SQ FT 628 sq

License # _____

Electrical Contractor Information

Description of Work New FSD Service Size: _____ Amps T-Pole: Yes No
Telephone: 919 434-4480
Electrical Contractor's Company Name
T & E Electric
Address: 5305 Broadway Road Sanford Email Address: _____
15697-6 NC

Mechanical/HVAC Contractor Information

Description of Work new sfd
Tin Shop Heating & Air Telephone: 919-708 8340
Mechanical Contractor's Company Name
3489 Edwards Road Sanford NC Email Address: _____
Address: 22513
License # _____

Plumbing Contractor Information

Description of Work new sfd # Baths: 3
Alonzo Wilson Telephone: 919 924-6002
Plumbing Contractor's Company Name
1609 White Oak Drive Apex NC Email Address: _____
Address: 2120509 11573
License # _____

Insulation Contractor Information

Tricity Telephone: 910-486-8855
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.

Donald Mangum
Signature of Owner/Contractor/Officer(s) of Corporation

11/6/2024
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 Donald Mangum

Date: 11/6/2024