

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

The state of the s		
Owner's Name: Southern Living Towestown Properties LLC	Date 11/14/24	
Site Address: 90 Lave Farms Way Holly Springs No	275% Phone 9197307803	
Subdivision: Lane tarms	Lot 14	
Description of Proposed Work: New Style Family Home	Total Job Cost 4000	
General Contractor Information		
Stephenson Builders Tr. Building Contractor's Company Name	919 730 7 £02 Telephone	
4100 Austry Road Figure Varine NC da	Email Address	
53604 HEATED SQ FT GARAGE SQ	FT	
Description of Work New Harre Service Size:	OO Amps T-Pole: YesNo	
Electrical Contractor's Company Name	919 - 669 - 0063 Telephone	
Address	Email Address	
L 29839		
License # Mechanical/HVAC Contractor Information		
Description of Work New Hone 30 Hyac	919552 3053	
Mechanical Contractor's Company Name	Telephone	
1539 Wade Stephenson Rd. Hally Spring	Email Address	
12 655 License #		
Description of Work Cambers Plumbing Contractor Information	# Baths	
4	919 557 1584	
Plumbing Contractor's Company Name	Telephone	
Address Dek Villey Light Figury - Vanne	Email Address	
\ \(\) \(\		
Insulation Contractor Information		
Insulation Contractor's Company Name & Address	919 630 8365 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.

1 /	
Our Jul	11/4/21
len call	(((0)))
Signature of Owner Coptractor/Officer(s) of Corporation	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: Play Course Course Date: 11 14 27		