



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: United Equitable Properties LLC Date 12-5-24
Site Address: 25 Williams Rd Phone 910-984-7042
Subdivision: _____ Lot 6
Description of Proposed Work: New Const Total Job Cost 230,000.00

General Contractor Information

Serenity Built Homes, Inc. 910-893-2462
Building Contractor's Company Name Telephone
PO Box 1417 Lillington NC 27546 Klawrence@capitalmarblecreations.com
Address Email Address
63787 _____
License # _____

Electrical Contractor Information

Description of Work New Service Size: 200 Amps T-Pole: Yes No
Electrical Innovators 919-279-7177
Electrical Contractor's Company Name Telephone
PO Box 73 Angier NC 27501 electricbiz@hotmail.com
Address Email Address
L29238
License # _____

Mechanical/HVAC Contractor Information

Description of Work New
J & M Heating & AC 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn NC 28334 jandmhvac@centurylink.net
Address Email Address
17164
License # _____

Plumbing Contractor Information

Description of Work New # Baths 2
Jason Barefoot Plumbing 910-892-4736
Plumbing Contractor's Company Name Telephone
5476 Timothy Rd Dunn NC 28334 jasonlbarefoot@yahoo.com
Address Email Address
20694 P-1
License # _____

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd Raleigh 919-772-9000
Insulation Contractor's Company Name & Address Telephone
NC 27603

***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.

K. Lawrence
Signature of Owner/Contractor/Officer(s) of Corporation

12-5-24
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: *K. Lawrence* Date: _____