



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: Brandon & Alicia Raines Date 1/7/25

Site Address: 759 Johnsonville School Rd Phone 8135236913

Subdivision: _____ Lot _____

Description of Proposed Work: New Home Total Job Cost 130,000

General Contractor Information

Brandon & Alicia Raines
Building Contractor's Company Name Telephone

Address Email Address

License # **HEATED SQ FT** 3237 **GARAGE SQ FT** _____

Electrical Contractor Information

Description of Work Electrical rough in Service Size: _____ Amps T-Pole: Yes No

Patrick electrical contractors llc
Electrical Contractor's Company Name Telephone 910-893-5774

1309 N Main St., Lillington, NC 27546
Address Email Address Tommypatrick910@gmail.com

1071837
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC installation and ducts

Straightup heating & cooling
Mechanical Contractor's Company Name Telephone 919-384-6536

1426 Lottie St. Spring Lake, NC 28390
Address Email Address Amaria0724@gmail.com

2778629
License #

Plumbing Contractor Information

Description of Work Plumbing rough in # Baths 2

Simpson & Sons Plumbing
Plumbing Contractor's Company Name Telephone 910-690-3587

230 Jenni Ln, Sanford, NC 27330
Address Email Address Mas_ckas@yahoo.com

08467
License #

Insulation Contractor Information

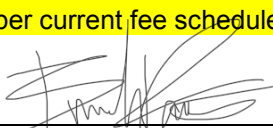
Owner _____
Insulation Contractor's Company Name & Address Telephone _____

***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.



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

1/7/25

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:

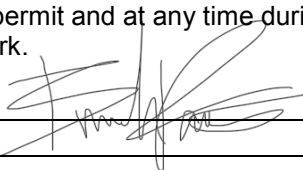
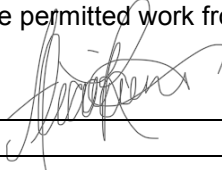
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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:   _____ Date: 1/7/25