



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**

*This will be 2nd dwelling on some property*

Owner's Name: TNT of Coats LLC Date: 12/11/24  
Site Address: 51 WA Sawyer Lane Phone: 910 984-4028  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: New Home Construction Total Job Cost: 150,000.00

**General Contractor Information**

Turner Matthews Construction Inc. Telephone: 910 984-4028  
Building Contractor's Company Name  
1120 ~~3204~~ Colson Gregory Rd. Angier 27501 Email Address: turner.matthews@gmail.com  
Address: 63204 HEATED SQ FT 850 GARAGE SQ FT N/A  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: Parkers Electric Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Electrical Contractor's Company Name: 167 Stone Menge Rd. Dunn NC Telephone: parkers electric 2017@gmail.com  
Address: 31658 Email Address: \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work: Cold South Mechanical Telephone: 919 800-7918  
Mechanical Contractor's Company Name: 1929 NC 42 Hwy Willow Spring Email Address: jr@coldsouthnc.com  
Address: 31355  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work: Gilbert Plumbing Co. # Baths: 1  
Plumbing Contractor's Company Name: 1638 Timothy Rd. Dunn 28378 Telephone: 910 214-1274  
Address: 10929 Email Address: gpcie@interstar.net  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address: Insulating Inc. 5902 Fayetteville Rd. Raleigh NC 27603 Telephone: 919 790 9684

\*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.

*Tom Mutter*

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

12/11/24

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:

*Tom Mutter*

Date:

12/11/24