



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: Gloria + Clint Davis Date 12-11-2024

Site Address: 476 Tree Bark Ln Cameron Phone 910-850-0984

Subdivision: _____ Lot _____

Description of Proposed Work: New Construction Total Job Cost \$275,000.00

General Contractor Information

Landry Homes LLC
Building Contractor's Company Name

910-850-0984
Telephone

2691 Davis Ruffneck RD.
Address

Ryan Landry 908 g.landry.com
Email Address

73770
License #

HEATED SQ FT 1456 **GARAGE SQ FT** Carport - 391

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No

Allman Electric
Electrical Contractor's Company Name

910-485-1177
Telephone

745 Wilkes RD Fayetteville
Address

Email Address

U-6136
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Certified Heating & Air
Mechanical Contractor's Company Name

910-858-0000
Telephone

207 W. David Parnell St. Parker
Address

Email Address

H3C1-20012
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

McDonald Plumbing
Plumbing Contractor's Company Name

919-770-0773
Telephone

5321 Swans Station RD
Address

Email Address

11824
License #

Insulation Contractor Information

Cumberland Insulation
Insulation Contractor's Company Name & Address

910-484-7118
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

1-7-2025
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.

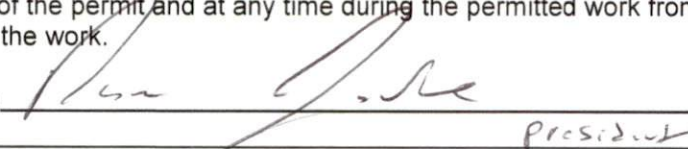
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:


President

Date: 1-7-2025