

RESIDENTIAL BUILDING APPLICATION

Site Address: 118 WEST E. ST. ERWIN PIN: _____
Owner: Brandon Chorman Phone: 919-308-7120 Email: Stephen Chorman@yahoo.com
Description of Proposed Work: NEW DWELLING Total Job Cost: \$

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Brandon Chorman
General Contractor's Company Name
7320 BEDFORD RIDGE DR. APER, NC 27539
Address
N/A
License #
919-308-7120
Phone
Stephen Chorman@yahoo.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: NEW CONSTRUCTION Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Saint Electric LLC
Electrical Contractor's Company Name
95 JUMPMASTER DR. BROADWAY NC 27505
Address
L 37174
License #
919-656-2071
Phone
wesawilliams@yahoo.com
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NEW CONSTRUCTION
Comfort WAVE HEATING + AIR FNC
Mechanical Contractor's Company Name
115 Tarpon Dr. Benson, NC 27504
Address
30241 H3-2
License #
919-221-4818
Phone
BPitts1022@live.com
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: NEW CONSTRUCTION # of Fixtures: 2
Plumb Level Plumbing AND CONSTRUCTION
Plumbing Contractor's Company Name
3019 Plainview Church Rd ANGIER, NC 27501
Address
27929 Class 1
License #
919-816-6852
Phone
Wesley.dailley71@gmail.com
Email

INSULATION CONTRACTOR INFORMATION

ENERGY SAVING INSULATION
Insulation Contractor's Company Name
919-798-9906 or 919-667-5782
Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule

Stephen Cherm
Signature of Owner/Contractor/Officer of Corporation

5/15/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☒ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Stephen Cherm
Signature of Owner/Contractor/Officer of Corporation

5/15/25
Date