



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 984 West Strickland Rd PIN: 1528-45-1815.000
~~880 Neighbors Rd~~
Owner: Whittenton Builders Phone: 919 427 8465 Email: Todd@whittentonbuilders.com
Description of Proposed Work: Single Family Dwelling Total Job Cost: _____

GENERAL CONTRACTOR INFORMATION

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

Whittenton Builders Enterprise Inc 919 427 8465
General Contractor's Company Name Phone
843 Neighbors Rd Dunn NC Todd@whittentonbuilders.com
Address Email
48607
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: SFD Service Size: _____ Amps T-Pole: YES ☒ NO ☐
Electric Company 984 364 0109
Electrical Contractor's Company Name Phone
~~34 Jural Drive Myrtle NC 27561~~
Address Email
134492 909 S Main St
License # Farmington NC 27526

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: SFD
Beasley's Hvac 919 854 4248
Mechanical Contractor's Company Name Phone
57 Wc Beasley Lane Coats NC
Address Email
9497
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD # of Fixtures: _____
Evan Hargrove 919 820 2613
Plumbing Contractor's Company Name Phone
2409 Juniper Church Rd Farm oaks
Address Email
36339
License # NC

INSULATION CONTRACTOR INFORMATION

Trinity Insulation 3154 Beck 919 698 0636
Insulation Contractor's Company Name Phone
Circle Raleigh NC

APPLICATION CONTINUES ON BACK



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.


Signature of Owner/Contractor/Officer of Corporation

10-29-25
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.


Signature of Owner/Contractor/Officer of Corporation

10-29-25
Date