

RESIDENTIAL BUILDING APPLICATION

Site Address: 815 W. STRICKLAND RD. DUNN N.C. PIN: 1537-52-2216.000 LOT 1
Owner: PEYTON AND AMBERLYNCLAMB Phone: _____ Email: _____
Description of Proposed Work: New Single Fam. Construction Total Job Cost: 350,000.

GENERAL CONTRACTOR INFORMATION

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

The Quest Development Co. of Dunn Inc. 910-591-8703
General Contractor's Company Name Phone
PO 2121 DUNN N.C. 28335 KE70@INTRSTAR.NET
Address Email
60521
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: NEW J.F.R. Service Size: 200 Amps T-Pole: YES NO
IDEA ELECTRIC 910-990-5635
Electrical Contractor's Company Name Phone
1937 EDMOND MATHIS RD. CLINTON 28328 NA
Address Email
2A870-U
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NEW J.F.R.
J+M HEATING AND A/C 910-897-5501
Mechanical Contractor's Company Name Phone
729 TULLINGTON RD. DUNN N.C. 28339 N/A
Address Email
17164
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: NEW J.F.R. # of Fixtures: 12
HAMBURG PLUMBING 910-990-5244
Plumbing Contractor's Company Name Phone
3421 N. SALAMBURG HWY. SALAMBURG N.C. N/A
Address 28385 Email
21333
License #


INSULATION CONTRACTOR INFORMATION

CUMBERLAND INSULATION CO. INC. 910-484-7118
Insulation Contractor's Company Name 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.



Signature of Owner/Contractor/Officer of Corporation

20 AUG 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

20 AUG 25

Date