

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

Owner's Name: PATRICIA STEWART		Date: _	01/28/2025
Site Address: 289 Bret road, cameron, NC	Phone:	910-322-	3685
Subdivision: CLEARWATER LAKES	Lot: _15		
Description of Proposed Work: BUILD A 2,346 SF HOME ON A CRAWL SPACE FOUNDATION	Total Job Cost:	\$350,000)
General Contractor Information			
ERICKSON HOMES LLC	910-403-1973		
Building Contractor's Company Name	Telephone		
1507 SLOCOMB ROAD, LINDEN, NC 28356	SAMANTHA@ERICKSOI	NHOMESNO	.сом
Address	Email Address		
HEATED SQ FT 2,346 GARAGE SQ	FT 572		
License #			
Electrical Contractor Information			
Description of WorkELECTRICAL ROUGH-IN AND TRIM OUT Service Size:	200 Amps T-P	ole: _x	YesNo
Pigtail Electric L.L.C.	(919)-915-2695		
Electrical Contractor's Company Name	Contractor's Company Name Telephone		
370 Slapout Road, Mount Olive, NC 28365	pigtailllc@gmail.com		
Address	Email Address		
L.36666			
License #			
Mechanical/HVAC Contractor Informa	ition		
Description of Work HVAC ROUGH-IN AND SET OUTS			
CAROLINA COMFORT AIR	919-901-8901		
Mechanical Contractor's Company Name	Telephone		
703 N. CLINTON AVE, DUNN, NC 28334	ASmith@carolinacomfor	rtair.com	
Address	Email Address		
L.29077			
License #			
Plumbing Contractor Information			
Description of Work PLUMBING ROUGH- IN AND SET OUTS	# Baths 2		_
CELEY'S QUALITY SERVICES LLC	919-938-1813		
Plumbing Contractor's Company Name	Telephone		
636-6b Old Roberts Road, Benson, NC 27504	Schedule@celeys.com		
Address	Email Address		
L.32853			
License #			
Insulation Contractor Information	<u>!</u>		
CUMBERLAND INSULATION: 4205 CLINTON ROAD, FAYETTEVILLE, NC 28312	910-484-7118		
Insulation Contractor's Company Name & Address	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.

Andrew James Erickson	1/28/2025
Signature of Owner/Contractor/Officer(s) of Corp	oration Date
	s Compensation N.C.G.S. 87-14
The undersigned applicant being the:	
x General Contractor Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that set forth in the permit:	t the person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has	obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and them.	d has obtained workers' compensation insurance to cover
x Has one (1) or more subcontractors(s) wh covering themselves.	to has their own policy of workers' compensation insurance
Has no more than two (2) employees and	no subcontractors.
Department issuing the permit may require certifi	t is sought it is understood that the Central Permitting icates of coverage of worker's compensation insurance prior the permitted work from any person, firm or corporation
Sign w/Title: <u>Andrew James Erickson</u> Ger	neral Contractor Date: 1/28/2025