

Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: James Caleb Jackson	Date 4/16/2025
Site Address: 1816 Jonesboro Rd., Dunn , NC	Phone 910-366-5102
Subdivision: Minor Subdivision Property of Sylvia B Jackson	Lot 1
Description of Proposed Work: New SFD	
General Contractor Information	
Freedom Constructors Inc of Dunn	910-892-1231
Building Contractor's Company Name	Telephone
PO BOX 608, Dunn, NC 28334	ttart.freedom@gmail.com
Address	Email Address
11590 UL HEATED SQ FT 1892 GARAGE SQ	_{FT} 576
License #	
Description of Work Wire New SFD Service Size: 2	<u>l</u> ²⁰⁰ Amps T-Pole: <u>× </u> Yes <u> No</u>
Wester & Pace Electric, INC	919-498-4948
Electrical Contractor's Company Name	Telephone
614 Leslie Rd, Sanford, NC	williamwester@gmail.com
Address	Email Address
12007U	
License #	
Mechanical/HVAC Contractor Information	<u>ation</u>
Description of Work New SFD Mechanical	
J and M Heating and A/C	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@earthlink.net
Address	Email Address
L.17164	
License #	
Plumbing Contractor Information	
	# Baths 2.5
Derek Joseph Brewington	9196345464
Plumbing Contractor's Company Name	Telephone
1637 Lees Union Church Rd, Four Oaks NC	
Address	Email Address
36036	
License # Insulation Contractor Information	1
Parker Brothers Insulation, Clinton NC	<u>.</u> 910-564-4132
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

4/16/2025

Timothy Tart

Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
X General Contractor Owner 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 wo set forth in the permit:	rk
X 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.	
$\frac{x}{\text{covering themselves}}$ 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 pricto issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	or
Sign w/Title: Timothy Tart Date: 4/16/2025	
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