

Application	#	

\* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

ion on license.	
Owner's Name: Doume Investments INC	Date: (1) - 31 - 2025
	Phone: 919-478-3428
Subdivision:	Lot: # 1
Description of Proposed Work: Single family Dwelling	Total Job Cost: 165000.00
Kimberly Godon General Contractor Information	
DBA Godon Construction Co.	919-770-1070
Building Contractor's Company Name	Telephone
323 N Steele St Sanford N.C. Address	Email Address
46172 HEATED SQ FT 1479. SGARAGE SC	ET ()
License #	(FI
Electrical Contractor Information	<u>n</u>
Description of Work Installing electrical Service Size:	200 Amps T-Pole: Vyes No
David Hooker elect co	919 770 1071
Electrical Contractor's Company Name	Telephone
7203 Broadway rd Sanford	
Address	Email Address
10657 -L	
License # Mechanical/HVAC Contractor Inform	ation
1 11	
Description of Work Installing the mechanical	
Mechanical Contractor's Company Name	336-516.8872 Telephone
1771 E Webb Ave Burlington	
Address Address	Email Address
29229	
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	_# Baths
Titan's Dlumbing LIC.	919-902-0990
Plumbing Contractor's Company Name	Telephone
P.O. Box 1045 Dunn N.C 28335.	bussines @ titansplumbing
Address	Email Address
34800	
License"#	
Insulation Contractor Information	on .
Morales Construction INC 2512 West	010/178/2/108
Morelos Construction IN.C. 2512 Wats Insulation Contractor's Company Name & Address Scinford	on Ave 919-478-3428 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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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.

Signature of Owner/Contractor/Officer(s) of Corporation

01/29/2025

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
General Contractor				
Do hereby confirm under penalties of perjury that the $person(s)$ , $firm(s)$ or $corporation(s)$ performing the work set forth in the permit:				
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.				
${\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover				
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 prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation				
Sign w/Title: David Perez Dunf. Owner Date: 01/29/25				