



Application # \_\_\_\_\_

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

\* Must be contractor or licensed contractor. All plans comply with all codes and match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: R and D Investments, LLC Date 2-3-25  
Site Address: 211 E Washington St Coats NC 27521 Phone 910-984-7042  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: New Const Total Job Cost \$ 150,000.00

**General Contractor Information**

Serenity Built Homes, Inc. 910-893-2462  
Building Contractor's Company Name Telephone  
PO Box 1417 Lillington NC 27546 klawrence@capitalmeritcreations.com  
Address Email Address  
63787  
License #

**Electrical Contractor Information**

Description of Work New Service Size: 200 Amps T-Pole:  Yes  No  
Electrical Innovators 919-279-7177  
Electrical Contractor's Company Name Telephone  
PO Box 73 Angier NC 27501 electricbiz@hotmail.com  
Address Email Address  
L29238  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New  
J & M Heating & AC 910-897-5501  
Mechanical Contractor's Company Name Telephone  
724 Turlington Rd Dunn NC 28334 jandmhvac@centurylink.net  
Address Email Address  
17164  
License #

**Plumbing Contractor Information**

Description of Work New # Baths 2  
Jason Barefoot Plumbing 910-892-4736  
Plumbing Contractor's Company Name Telephone  
5476 Timothy Rd Dunn NC 28334 jasonlbarefoot@yahoo.com  
Address Email Address  
20694 P-1  
License #

**Insulation Contractor Information**

Insulating Inc 5902 Fayetteville Rd Raleigh 919-772-9000  
Insulation Contractor's Company Name & Address NC 27603 Telephone

**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 listing below I have obtained all subcontractors~~ 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.

~~REISSUE FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is per permit schedule.~~

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

2-3-25  
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

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.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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 carrying out the work.

Sign w/Title: 

Date: 2-3-25