

Application # SFD2502-0078

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

Application for Residential Building and Trades PermitOwner's Name: JOHNNIE CRAIG & GINA SENTER MCKINNEY Date 4/1/2025Site Address: 6871 CHRISTIAN LIGHT RD, FUQUAY VARINA Phone 919-427-1680Subdivision: 0644-17-3068.000 Lot 2ADescription of Proposed Work: New SFD Total Job Cost 438000**General Contractor Information**Freedom Constructors Inc of Dunn 910-892-1231Building Contractor's Company Name TelephonePO BOX 608, Dunn, NC 28334 ttart.freedom@outlook.comAddress Email Address11590 UL HEATED SQ FT 2425 GARAGE SQ FT 671

License # _____

Electrical Contractor InformationDescription of Work Wire New SFD Service Size: 200 Amps T-Pole: x Yes ___ NoWester & Pace Electric, INC 919-498-4948Electrical Contractor's Company Name Telephone614 Leslie Rd, Sanford, NC williamwester@gmail.comAddress Email Address12007U

License # _____

Mechanical/HVAC Contractor InformationDescription of Work New SFD MechanicalJ & M Heating and Air Conditioning 910-897-5501Mechanical Contractor's Company Name Telephone724 Turlington Rd. Dunn, NC 28334 jandmhvac@earthlink.netAddress Email Address17164

License # _____

Plumbing Contractor InformationDescription of Work Plumb new SFD # Baths 2.5LR Glover Plumbing Co 919 -894-3632Plumbing Contractor's Company Name Telephone111 Carolyn Drive, Benson, NC 27504 leeglover22@yahoo.comAddress Email AddressL07958

License # _____

Insulation Contractor InformationParker Brothers Insulation, Clinton NC 910-564-4132Insulation 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.

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

4/2/2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

 General Contractor Owner X 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:

 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.

 X 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: Timothy Tart Date: 4/2/2025