

Application # SFD2502-0078

* 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: JOHNNIE CRAIG &GINA SENTER MCKINNEY		Date 4/1/2025
Site Address: 6871 CHRISTIAN LIGHT RD, FUQUAY VARINA	Phone	919-427-1680
Subdivision: 0644-17-3068.000	Lot 2A	
Description of Proposed Work: New SFD	Total Job Cost 438000	
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@outlook.com	
Address	Email Address	<u></u>
11590 UL HEATED SQ FT 2425 GARAGE SQ	FT 671	
License #		
Electrical Contractor Information		ala w. Mar. Ma
Description of Work Wire New SFD Service Size: 2		ole: <u>× </u> Yes <u> </u> No
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	ation	
Description of Work New SFD Mechanical	<u> </u>	
	010 907 5501	ı
J & M Heating and Air Conditioning	910-897-5501 Talanhana	
Mechanical Contractor's Company Name	Telephone	
724 Turlington Rd. Dunn, NC 28334 Address	jandmhvac@earthlink.net Email Address	
17164	Email Address	
License #		
Plumbing Contractor Information	1	
Description of Work Plumb new SFD	# Baths 2.5	
L R Clover Plumbing C o Derek Joseph Brewington	9 19 -894-36 32	919-634-5464
Plumbing Contractor's Company Namo	Telephone	
1637 Lee's Union Church Rd 1637 Lee's Union Church Rd 1637 Lee's Union Church Rd Four Oaks, NC		u-l am
Address	Email Address	
L07958 36036		
License #		
Insulation Contractor Information	<u>1</u>	
Parker Brothers Insulation, Clinton NC	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.



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.

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Timothy Tart Signature of Owner/Contractor/Officer(s) of Corporation 4/2/2025 Date	
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:	
General Contractor OwnerX Officer/Agent of the Contractor or	Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) perset forth in the permit:	rforming the work
X Has three (3) or more employees and has obtained workers' compensation insurance	e to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation instathem.	urance to cover
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensored themselves.	sation insurance
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 Department issuing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, firm of carrying out the work.	on insurance prior
Sign w/Title: Date: 4/2	2/2025