



Application # _____

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

* 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.

Application for Residential Building and Trades Permit

Owner's Name: Bruce Beaulieu Nicole Beaulieu Date: 03/11/2025
Site Address: ERWIN CHAPEL RD Phone: 919-868-3830
Subdivision: _____ Lot: _____ Pin 0599-85-6175
Description of Proposed Work: New Residential construction Total Job Cost: 700,000

General Contractor Information

SELF Bruce Beaulieu 919-868-3830
Building Contractor's Company Name Telephone
1819 GLACIER COURT F.V Brucebeaulieu17@Yahoo.com
Address Email Address

HEATED SQ FT 5080 GARAGE SQ FT 600

License # _____

Electrical Contractor Information

Description of Work New Residential Service Size: 400 Amps T-Pole: ☒ Yes ☐ No
Yellow DOT Heating & AIR ELECTRIC 919-413-8350
Electrical Contractor's Company Name Telephone
2400 SUMNER BLU SUIT 120 RALEIGH BFRANKSON@GMAIL.COM
Address 27616 Email Address
32690
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Residential
Yellow DOT Heating & AIR 919-413-8350
Mechanical Contractor's Company Name Telephone
2400 SUMNER BLU SUIT 120 RALEIGH BFRANKSON@GMAIL.COM
Address Email Address
32872
License # _____

Plumbing Contractor Information

Description of Work New Residential # Baths 4
EVENS PLUMBING 919-418-7933
Plumbing Contractor's Company Name Telephone
102 SIGMA DR GARDNER NC
Address Email Address
07035
License # _____

Insulation Contractor Information

SELF 919-868-3830
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.

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

03/11/2025
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: *RR* Date: 03/11/2025