



Application # _____

* 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: Adam & Jasmin Roberts Date 3/14/25
Site Address: 6530 NC 27 East Coats NC Phone _____
Subdivision: _____ Lot _____
Description of Proposed Work: SFD Total Job Cost \$325,000

General Contractor Information

Whittenton Builders Enterprise 919-427-4265
Building Contractor's Company Name Telephone
863 Neighbors Road Dunn NC 28334 todd@whittentonbuilders.com
Address Email Address
48607 2399 688
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: X Yes No
Mabry's Electrical 919-639-4837
Electrical Contractor's Company Name Telephone
Angier NC
Address Email Address
15077-U
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Beasley's HVAC 919-894-4248
Mechanical Contractor's Company Name Telephone
57 WC Beasley Lane Coats NC
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2.5
Evan Hargrove Plumbing 919-820-2613
Plumbing Contractor's Company Name Telephone
2409 Juniper Church Road, Four Oaks
Address Email Address
27524
License #

Insulation Contractor Information

Parker Brothers Insulation 910-990-5928
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.

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

8/17/23

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: 3/14/25