



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 80 93~~88~~ HWY 27 W PIN: 0517-28-~~572~~ 6745 000
Owner: J MATTHEWS B/D LLC Phone: 919-291-1104 Email: jmatthews056@gmail.com
Description of Proposed Work: SFD Total Job Cost: \$168,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

J MATTHEWS B/D LLC 919-291-1104
General Contractor's Company Name Phone
782 PENNY RD ANAHER, NC 27501 jmatthews056@gmail.com
Address Email
65214
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: SFD Service Size: 200 Amps T-Pole: YES ☒ NO ☐
RST ELECTRIC 919 291-8766
Electrical Contractor's Company Name Phone
3376 ZACK'S MILL RD ANAHER, NC 27501
Address
26202-1
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: SFD
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Phone
PO BOX 1871 Hope Mills, NC 28348
Address
20012
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD # of Fixtures: _____
McDonald Plumbing 919-770-0773
Plumbing Contractor's Company Name Phone
5321 Swann Station Rd Sanford NC
Address 27332
11824
License #

INSULATION CONTRACTOR INFORMATION

Tai City Ins 910-486-8855
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

Date