



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: 9416 HWY 27 W PIN: 0517-28-5705
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
General Contractor's Company Name
782 PENNY RD ANAHER, NC 27501
Address
65214
License #
919-291-1104
Phone
jmatthews056@gmail.com
Email

ELECTRICAL CONTRACTOR INFORMATION

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

MECHANICAL/HVAC CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

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

INSULATION CONTRACTOR INFORMATION

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