



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: White Oak Homes NC, LLC Date: 3/24/25
Site Address: 3180 Cameron Hill Rd Phone: 910-705-0237
Subdivision: Cameron Hill Rd Lot: 4
Description of Proposed Work: SFD Total Job Cost: \$205,000

General Contractor Information

White Oak Homes NC, LLC 910-705-0237
Building Contractor's Company Name PO Box 87904, Fayetteville, NC 28304 Telephone danny@whiteoakhomesnc.com
Address 104282 HEATED SQ FT 2012 GARAGE SQ FT 544 Email Address _____
License # _____

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: X Yes ___ No ___
Bain Electric Company 910-237-5994
Electrical Contractor's Company Name 5615 Sambo Jackson Rd, Wade, NC 28395 Telephone bainelectric@gmail.com
Address 220701 Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD
Southern Comfort Heating, Cooling, Gas James Merritt 910-922-4264
Mechanical Contractor's Company Name 937 Satinwood Ct, Fayetteville, NC 28312 Telephone southerncomforthcgc@gmail.com
Address _____ Email Address _____
34398
License # _____

Plumbing Contractor Information

Description of Work SFD # Baths 2.5
Dell Haire Plumbing 910-429-9939
Plumbing Contractor's Company Name PO Box 65048, Fayetteville, NC 28306 Telephone dellhaireplumbing@hotmail.com
Address 32886 Email Address _____
License # _____

Insulation Contractor Information

Stornaway Construction 910-988-4070
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

3/24/25

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:  managing member Date: 3/24/25