

RESIDENTIAL BUILDING APPLICATION

Site Address: 185 BULE FARM LN. PIN: 0680-41-7082.000
Owner: Andrew Kesick Phone: 919.810-2591 Email: buckgodwinconstruction@gmail.com
Description of Proposed Work: SINGLE FAMILY DWELLING Total Job Cost: \$527,093.00

GENERAL CONTRACTOR INFORMATION

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

Godwin Construction and Development LLC

General Contractor's Company Name

P.O. Box 1922 Dunn N.C 28335

Address

75471

License #

919.810-2591

Phone

buckgodwinconstruction@gmail.com

Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Electric for SFD (new home)

Service Size: 200 Amps T-Pole: YES ☒ NO ☐

Parkas Electric

Electrical Contractor's Company Name

167 StoneHenge Dr.

Address

31658

License #

910-984-6810

Phone

Parkas Electric 2017@gmail.com

Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: HAC for SFD (new home)

Centum Air

Mechanical Contractor's Company Name

2040 NC Hwy 96 South

Address

28699

License #

919-398-4281

Phone

fravis@centumairinc.com

Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: PLUMBING for SFD (new home)

of Fixtures: 13

Brewington Plumbing LLC

Plumbing Contractor's Company Name

1637 Lee's Union Church Rd. FAYLAKE N.C.

Address

36036

License #

919-634-5464

Phone

brewingtonplumbing@yahoo.com

Email

INSULATION CONTRACTOR INFORMATION

CumBalland Insulation

Insulation Contractor's Company Name

910-391-1528

Phone



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

7/15/25

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

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

7/15/25

Date