



Application # _____

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

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

Application for Residential Building and Trades PermitOwner's Name: Signature Home Builders, Inc Date 04/24/2025Site Address: 54 Croatoke Ct Angier NC 27501 Phone 910-892-9299Subdivision: Mabry Ridge Lot 15Description of Proposed Work: New Construction Total Job Cost _____**General Contractor Information**Signature Home Builders, Inc 910-892-9299Building Contractor's Company Name Telephone1209 N Main St Lillington NC 27546 chris@signaturehomebuilders.comAddress Email Address49431 2299 HEATED SQ FT 1718 GARAGE SQ FT 410License #**Electrical Contractor Information**Description of Work Electrical Service Size: 200 Amps T-Pole: X Yes ___ NoJason H Pope Electrical Contractors Inc 919-820-0837Electrical Contractor's Company Name Telephone81 Beaver Creek Dr Dunn NC 28334Address Email Address27284License #**Mechanical/HVAC Contractor Information**Description of Work HVACCentral Air Heating 7 Cooling 919-963-0001Mechanical Contractor's Company Name TelephonePO Box 175 Four Oaks NC 27524Address Email Address28699License #**Plumbing Contractor Information**Description of Work Plumbing # Baths 3Brewington Plumbing 919-634-5464Plumbing Contractor's Company Name Telephone1637 Lees Union Church Rd Four Oaks NC 27524 brewingtonplumbing@yahoo.comAddress Email Address36036License #**Insulation Contractor Information**Cumberland Insulation 910-484-7118Insulation 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.

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

04/24/2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

 General Contractor Owner X 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.

 X 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: Christopher Sherrod Date: 04/24/2025