

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 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 recissue fee is as per current feescheaute.

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

03/30/2015

A SEL LI LE DON D
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Y General Contractor X Owner 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: 81 PRSS. Date: 03/30/2025



Application #

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address combany mane & preme mast mater information on license.

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

TOD COLUCENSE		
Owner's Name: GREAT SOUTH BU	11-DERS, INC. Date: 03/30/2025	
Site Address: 89 IAKEFOREST TRL.	SAN FORD, NC Phone: 919669 4273	
Subdivision: AROLINA LAKES	lot: 321-"P"	
Description of Proposed Work: NEW S.F. HomE /	ATT, GAMAGE Total Job Cost: 230 000.00	
General Contractor Information		
GREAT SOUTH BUILDERS, INC	919 669 4273	
Building Contractor's Company Name	Telephone	
2415 GUM SPRINGS CHURCH	RD GREAT SOUTHBUILDERS@GMAIL.COM	
Address PITTS BORD NC		
81371		
License # Electrical Contra	ctor Information	
Description of Work NEW RES. Electrical Contra	✓ Service Size: 200 Amps T-Pole: X Yes No	
KS/ ELECTRIC	9192918766	
Electrical Contractor's Company Name	Telephone	
Address Address	NC 27501 SOLOMON RSTQ 6MAIL. Com	
26207 - I	Email Address	
License #		
Mechanical/HVAC Contractor Information		
Description of Work NEW RES. CONST. S.	F. HOME DUCTED HEAT PUMP	
CERTIFIED HEATING+ AIR CONDITION!	NG 910 858 0000	
Mechanical Contractor's Company Name	Telephone	
P.O. BOX 1071 HOPE MILLS NCZ	B348 CERTIFIED HEATINGAND ALRLLCG	
Address Z0017	Email Address GMAIL.(OM	
License #		
Plumbing Contractor Information		
Description of Work NEW RES. S.F. CONSTR	UCT/0N # Baths 3	
L.R. GLOVER PINMBING CO. INC.	919 8200026	
Plumbing Contractor's Company Name	Telephone	
4.0. BOX 764 BENSON, NC 2750	74	
Address	Email Address	
P1-07958		
License #		
Insulation Contractor Information TRI-CITY IN SULATION + BUILDING PRODUCTS OF FRYETTEVILLE 910 486 8855		
Insulation Contractor's Company Name & Address		
: Company name & Audiess	Telephonè	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.