

Application # 4-17-25

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: Joseph Jeffries Date: _____
Site Address: 838 Keith Hills Rd. Lillington Phone: 919-422-8273
Subdivision: Keith Hills Lot: _____
Description of Proposed Work: New Single Family Total Job Cost: 700,000

General Contractor Information

Keith Bullock Builders Inc 919-427-4628
Building Contractor's Company Name Telephone
72 Overlook Ct. Angier, NC 27501 Kbbinc14@gmail.com
Address Email Address
47504 HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work New Service Size: 400 Amps T-Pole: ☒ Yes ☐ No
Dean Electrical LLC 919-669-6063
Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd. Fuquay-Varina
Address Email Address
29839-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work New
JC's Heating & Air Conditioning Service 919-552-3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs
Address Email Address
H-3 12655
License # _____

Plumbing Contractor Information

Description of Work New # Baths _____
Brewington Plumbing LLC 919-634-5464
Plumbing Contractor's Company Name Telephone
1637 Lees Union Church Rd. Four Oaks
Address Email Address
36036 NC 27524
License # _____

Insulation Contractor Information


Stephens Building Products LLC 919-630-8365
Insulation Contractor's Company Name & Address Telephone
1200 Corporation Dr. Raleigh

*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

4-17-25
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:  Resident Date: _____