



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Whitenton Builders Enterprises Date 4-17-25
Site Address: 300 Aubrey Rd Farmville NC Phone 919 427 8465
Subdivision: M/A Lot 5
Description of Proposed Work: SFD Total Job Cost 425,000.00

General Contractor Information

Whitenton Builders Enterprises 919 427 8465
Building Contractor's Company Name Telephone
843 Neighbors Rd Dunn NC 28324 Todd@whitentonbuilders.com
Address Email Address
48607 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work SFD Service Size: _____ Amps T-Pole: ☒ Yes ☐ No
Electric Company 919 364 0109
Electrical Contractor's Company Name Telephone
34 Jacob Drive Angier NC 27501
Address Email Address
1.34492
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Brasley's HVAC 919 894 4248
Mechanical Contractor's Company Name Telephone
57 Wc Brasley Lane Coats NC
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2 1/2
Evan Stewart Hargrove 919 820 2613
Plumbing Contractor's Company Name Telephone
2409 Vampers Church Rd Four Oaks
Address Email Address
36339
License #

Insulation Contractor Information

Tri City Insulation 3154 Camden 919 898 0636
Insulation Contractor's Company Name & Address Telephone
Rd

***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:

PRESIDENT

Date: 4-17-25