



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: Timothy & Amelia Inman Date 8.14.25Site Address: 700 Tylerstone Dr Phone 704.564.2603Subdivision: N/A Lot 0663-23-1439.000Description of Proposed Work: New Construction Single Family Dwelling Total Job Cost \$544,863.69**General Contractor Information**America's Home Place 910.252.0076
Building Contractor's Company Name Telephone3266 Sanderosa Rd, Fayetteville NC 28312 aknoble@americashomeplace.com
Address Email Address84626 HEATED SQ FT 3020 GARAGE SQ FT 848
License #**Electrical Contractor Information**Description of Work Electrical Service Size: 400 Amps T-Pole: ☒ Yes ☐ NoAllman Electric 910.485.8317
Electrical Contractor's Company Name Telephone345 Wilkes Rd, Fayetteville, NC 28306 rickstephens@allmanelectric.com
Address Email AddressU.06136
License #**Mechanical/HVAC Contractor Information**Description of Work HVACCertified Heating & Air Conditioning 910.858.0000
Mechanical Contractor's Company Name TelephoneP.O. Box 1071 Hope Mills, NC 28348 ehrin.certified@gmail.com
Address Email AddressL.20012
License #**Plumbing Contractor Information**Description of Work Plumbing # Baths 3.5Titans Plumbing 919.902.0990
Plumbing Contractor's Company Name TelephoneP.O. Box 1045 Dunn, NC 28335 business@titansplumbing.com
Address Email Address34800L
License #**Insulation Contractor Information**Builder Service Group/Tri-City 3154 B Camden Rd. Fayetteville NC 910.486.8855
Insulation 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.



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

8.14.25

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:  _____ District Vice President Date: 8.14.25