



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: Superior Homes of the Sandhills Date 4/23/25Site Address: TBD Grahams Mill Ln, Cameron, NC 28326 Phone (910) 400-5080Subdivision: _____ Lot 7Description of Proposed Work: Single Family Dwelling Total Job Cost \$215,000**General Contractor Information**Superior Homes of the Sandhills

Building Contractor's Company Name

(910) 400-5080

Telephone

171 Grant St., West End, NC 27376

Address

superiorhomesofthesandhills@gmail.com

Email Address

99354

License #

HEATED SQ FT 2005 **GARAGE SQ FT** 403**Electrical Contractor Information**Description of Work New Construction Service Size: _____ Amps T-Pole: ☐ Yes ☐ NoJM Pope

Electrical Contractor's Company Name

919-776-5144

Telephone

Sanford, NC 27330

Address

marshall.pope74@gmail.com

Email Address

21326

License #

Mechanical/HVAC Contractor InformationDescription of Work New ConstructionCertified Heating and Air

Mechanical Contractor's Company Name

910-858-0000

Telephone

Parkton, NC 28371

Address

certifiedheatingandairllc@gmail.com

Email Address

20012

License #

Plumbing Contractor InformationDescription of Work New Construction # Baths 2G & L Plumbing

Plumbing Contractor's Company Name

910-639-1059

Telephone

Carthage, NC 28327

Address

gplumbing910@gmail.com

Email Address

31067

License #

Insulation Contractor InformationTriCity, Fayetteville, NC 28301

Insulation Contractor's Company Name & Address

910-486-8855

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.

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

4/23/25
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: _____ Date: _____