



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: 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  
Telephone171 Grant St., West End, NC 27376  
Addresssuperiorhomesofthesandhills@gmail.com  
Email Address99354  
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 Name919-776-5144  
TelephoneSanford, NC 27330  
Addressmarshall.pope74@gmail.com  
Email Address21326  
License #**Mechanical/HVAC Contractor Information**Description of Work New ConstructionCertified Heating and Air  
Mechanical Contractor's Company Name910-858-0000  
TelephoneParkton, NC 28371  
Addresscertifiedheatingandairllc@gmail.com  
Email Address20012  
License #**Plumbing Contractor Information**Description of Work New Construction# Baths 2G & L Plumbing  
Plumbing Contractor's Company Name910-639-1059  
TelephoneCarthage, NC 28327  
Addressglplumbing910@gmail.com  
Email Address31067  
License #**Insulation Contractor Information**Tri City, Fayetteville, NC 28301  
Insulation Contractor's Company Name & Address910-486-8855  
Telephone**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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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 Hair  
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: Justin Hair Date: 5/6/25