

strong roots • new growth -

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 60 Boston River Drive	, Dunn, NC	PIN:	1508-51-2460		
Owner: JSJ Builders, Inc.	Phone:	910-438-0796	Email: _	tsmithjsj@gmail.com	
Description of Proposed Work: New	v Constructi	on		Total Job Cost: _\$190,825	
	GENERAI	_ CONTRACTOR	INFORMATION	ı	
* Must be owner or licen				atch information on license.	
JSJ Builders, Inc.			910-438-079	96	
General Contractor's Company Name		Phone			
1135 Robeson Street, Fayetteville, NO	28305	tsmithjsj@gmail.com			
Address			Email		
55120 License #					
	ELECTRICA	AL CONTRACTOR	RINFORMATIO	<u>n</u>	
Description of Work: New Construction			Service Size: _	200 Amps T-Pole: YES ☑ NO □	
		· · · · · ·		· · · · · ·	
MSF Electric, Inc.			281-494-470 Phone	00	
Electrical Contractor's Company Name				afalaatria aam	
10455 Fountaingate Drive, Stafford, TX 77477 Address			mandyk@msfelectric.com Email		
U.34688			Lindii		
License #					
ME	CHANICAL/	HVAC CONTRAC	TOR INFORMA	ATION	
			TOTAL OTTOM	<u> </u>	
Description of Work: New Construction			. '	<u> </u>	
Carolina Comfort Air			919-550-7711		
Mechanical Contractor's Company Name			Phone		
PO Box 190, Clayton, NC 27520		· · · · · · · · · · · · · · · · · · ·	rebecca@carolinacomfortair.com		
Address			Email		
31589					
License #	DI LIBERINI	0.0001704.0700	MEGDIATION		
	PLUMBING	S CONTRACTOR	INFORMATION	<u>v</u>	
Description of Work: New Construction				# of Fixtures: 2 BATI	
Titans Plumbing LLC			919-624-429	92	
Plumbing Contractor's Company Name			Phone		
PO Box 1045, Dunn, NC 28335			business@titansplumbing.com		
Address			Email		
34800					
License #					
	INSULATIO	N CONTRACTOR	INFORMATIO	<u>N</u>	
Tri City Insulation 334 E. Mountain Dr., Fa	avetteville. N	C 28306	910-237-805	55	
Insulation Contractor's Company Name	.,, 1,		Phone		



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

5/7/2025 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14								
The ur	ndersigned applicant being	the:						
	General Contractor	Owner	Officer/Agent o	of the Contractor or Owner				
Does I permit		ties of perjury tha	it the person(s), firm(s) or corporation(s) performing the work set	forth in the			
	Has 3 or more employees	and has obtained	l workers' compensation	on insurance to cover them,				
	Has 1 or more subcontract	ors and has obtai	ined workers' compen	sation insurance to cover them,				
	Has 1 or more subcontract	tors who has their	r own policy of workers	s' compensation insurance covering thems	elves,			
	Has no more than 2 emplo	yees and no subc	contractors,					
the pe		s of workers' com	pensation insurance c	erstood that the Central Permitting Departn coverage from any person, firm, or corporat mitted work.				
	Signature of Owner/Con	Tractor/Officer of	Sor poration	5/7/2025 Date	_			