

## RESIDENTIAL BUILDING APPLICATION

Site Address: 224 Boston River Drive, Dunn, NC 28334 PIN: 1508-51-9944  
Owner: JSJ Builders, Inc. Phone: 910-438-0796 Email: tsmithjsj@gmail.com  
Description of Proposed Work: New Construction Total Job Cost: \$210,035

### GENERAL CONTRACTOR INFORMATION

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

JSJ Builders, Inc. 910-438-0796  
General Contractor's Company Name Phone  
1135 Robeson Street, Fayetteville, NC 28305 tsmithjsj@gmail.com  
Address Email  
55120  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Construction Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
MSF Electric, Inc. 281-494-4700  
Electrical Contractor's Company Name Phone  
10455 Fountaingate Drive, Stafford, TX 77477 mandyk@msfelectric.com  
Address Email  
U.34688  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Construction  
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 #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: New Construction # of Fixtures: 2.5 BATH  
Titans Plumbing LLC 919-624-4292  
Plumbing Contractor's Company Name Phone  
PO Box 1045, Dunn, NC 28335 business@titansplumbing.com  
Address Email  
34800  
License #

### INSULATION CONTRACTOR INFORMATION

Tri City Insulation 334 E. Mountain Dr., Fayetteville, NC 28306 910-237-8055  
Insulation Contractor's Company Name 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 **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 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.

Signature of Owner/Contractor/Officer of Corporation

5/7/2025

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation

5/7/2025

Date