

RESIDENTIAL BUILDING APPLICATION

Site Address: 165 Boston River Drive, Dunn, NC 28334 PIN: 1508-51-5916
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.

A handwritten signature in black ink, appearing to be "J. S. S.", is written over a horizontal line.

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.

A handwritten signature in black ink, appearing to be "J. S. S.", is written over a horizontal line.

Signature of Owner/Contractor/Officer of Corporation

5/7/2025

Date