



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: 93 Dewey lane Bunker level NC 28323 PIN: _____
Owner: Demetrius Cates Phone: 910-890-4211 Email: Bigcakes130@gmail.com
Description of Proposed Work: New Build Home Total Job Cost: \$250,000

GENERAL CONTRACTOR INFORMATION

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

T. Johnson Construction LLC
General Contractor's Company Name
338 Farrell Rd Sanford N.C. 27330
Address
79933
License #

919-888-0186
Phone
T. Johnson Construction@yahoo.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Build
Leivant electrical
Electrical Contractor's Company Name
7742 Adrian Dr Fayetteville NC
Address
321-34
License #

Service Size: _____ Amps T-Pole: YES ☐ NO ☒
910-745-7036
Phone
Leivantelectrical@gmail.com
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Build
D and D HVAC LLC
Mechanical Contractor's Company Name
605 Chatham St. Sanford NC 27330
Address
23371
License #

919-628-2183
Phone
Contact @ dd HVAC LLC.com
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: J and A Plumbing Service LLC New Build # of Fixtures: _____
J and A Plumbing Service LLC
Plumbing Contractor's Company Name
313 Blaze Ridge Dr. Smithfield NC 27577
Address
24269
License #

984-279-9015
Phone
anna@jandaplumbing.net
Email

INSULATION CONTRACTOR INFORMATION

Tri City Insulation
Insulation Contractor's Company Name

910-729-9277
Phone

APPLICATION CONTINUES ON BACK



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.

Timothy Adams
Signature of Owner/Contractor/Officer of Corporation

10-30-25
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

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.

Timothy Adams
Signature of Owner/Contractor/Officer of Corporation

10-30-25
Date