

Application # _____

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

* Must be owner/occupier or licensed contractor. Address,

company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Benjamin Stout Real Estate Services Inc.	Date _4/29/2025
Site Address: 143 Boston River Drive	Phone 910-779-0019
Subdivision: Ila's Way	Lot 36
Description of Proposed Work:New Construction - Single Family Dwelling	
General Contractor Information	
Benjamin Stout Real Estate Services Inc.	910-779-0019
Building Contractor's Company Name	Telephone
PO Box 53798, Fayetteville, NC 28305	permitting@benstoutconstruction.com
Address	Email Address
69633-U HEATED SQ FT 2179 GARAGE SC	OFT 372
License #	
Electrical Contractor Informatio	
	<u>200</u> Amps T-Pole: <u>X</u> Yes No
JM Pope	<u>919-776-5144</u>
Electrical Contractor's Company Name	Telephone
409 Chatham Street, Sanford NC 27330	marshallpope74@gmail.com
Address	Email Address
21326	
License #	
Mechanical/HVAC Contractor Inform	nation
<u>Mechanical/HVAC Contractor Inforn</u>	nation
Description of Work New install / essential air	
Description of Work <u>New install</u> / essential air Certified Heating and Air	910-858-0000
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Description of Work <u>New install / essential air</u> Certified Heating and Air Mechanical Contractor's Company Name PO Box 1071, Hope Mills, NC 28348	910-858-0000 Telephone ehrin.certified@gmail.com
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Description of Work New install / essential air Certified Heating and Air Mechanical Contractor's Company Name PO Box 1071, Hope Mills, NC 28348 Address 20012 H3-C1 License # Plumbing Contractor Information Description of Work New Install	910-858-0000 Telephone ehrin.certified@gmail.com Email Address
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Description of Work New install / essential air Certified Heating and Air Mechanical Contractor's Company Name PO Box 1071, Hope Mills, NC 28348 Address 20012 H3-C1 License # Plumbing Contractor Information Description of Work New Install Dell Haire Plumbing Contractor's Company Name PO Box 65048, Fayetteville, NC 28312	910-858-0000 Telephone ehrin.certified@gmail.com Email Address m # Baths 910-429-9939 Telephone vickie.beard@hotmail.com
Description of Work New install / essential air Certified Heating and Air Mechanical Contractor's Company Name PO Box 1071, Hope Mills, NC 28348 Address 20012 H3-C1 License # Plumbing Contractor Information Description of Work New Install Dell Haire Plumbing Contractor's Company Name PO Box 65048, Fayetteville, NC 28312 Address	910-858-0000 Telephone ehrin.certified@gmail.com Email Address m # Baths 910-429-9939 Telephone vickie.beard@hotmail.com
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*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

4/29/2025

Hannah McGrath Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor OwnerX 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.
X 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: <u>Hannah McGrath</u> Permitting Coordinator Date: <u>4/29/2025</u>