



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: 164 Boston River Drive Phone 910-779-0019
Subdivision: Ila's Way Lot 8
Description of Proposed Work: New Construction - Single Family Dwelling Total Job Cost 227,450

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** 1836 **GARAGE SQ FT** 371
License # _____

Electrical Contractor Information

Description of Work New Install Service Size: 200 Amps T-Pole: X Yes ___ No ___
JM Pope 919-776-5144
Electrical Contractor's Company Name Telephone
409 Chatham Street, Sanford NC 27330 marshallpope74@gmail.com
Address Email Address
21326
License # _____

Mechanical/HVAC Contractor Information

Description of Work New install / essential air
Certified Heating and Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071, Hope Mills, NC 28348 ehrin.certified@gmail.com
Address Email Address
20012 H3-C1
License # _____

Plumbing Contractor Information

Description of Work New Install # Baths _____
Dell Haire 910-429-9939
Plumbing Contractor's Company Name Telephone
PO Box 65048, Fayetteville, NC 28312 vickie.beard@hotmail.com
Address Email Address
32886 P-1
License # _____

Insulation Contractor Information

Cumberland Insulation - 4205 Clinton Road, Fayetteville, NC 28312 910-484-7118
Insulation Contractor's Company Name & Address Telephone

***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.

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

4/29/2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

 General Contractor Owner X 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: Hannah McGrath Permitting Coordinator Date: 4/29/2025