

RESIDENTIAL BUILDING APPLICATION

Site Address: 84 Turlington Landing Rd Dunn NC 28334 **PIN:** 1509-51-9513.000

Owner: Signature Home Builders **Phone:** 910-892-9299 **Email:** chris@signaturehomebuilders.com

Description of Proposed Work: New Construction **Total Job Cost:** \$289,900

GENERAL CONTRACTOR INFORMATION

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

Signature Home Builders	910-892-9299
General Contractor's Company Name	Phone
1209 N Main St Lillington NC 27546	chris@signaturehomebuilders.com
Address	Email
49431	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Electrical	
Description of Work:	Service Size: 200 Amps T-Pole: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Jason H Pope Electrical Contractors Inc	919-820-0837
Electrical Contractor's Company Name	Phone
81 Beaver Creek Dr Dunn NC 28334	
Address	Email
27284	
License #	

MECHANICAL/HVAC CONTRACTOR INFORMATION

HVAC/Gas	
Description of Work:	
Central Air Heating and Cooling	910-963-0001
Mechanical Contractor's Company Name	Phone
PO BOX 175 Four Oaks NC 27524	
Address	Email
28699	
License #	

PLUMBING CONTRACTOR INFORMATION

Plumbing		# of Fixtures: 11
Description of Work:		
Brewington Plumbing	919-634-5464	
Plumbing Contractor's Company Name	Phone	
1637 Lees Union Church Rd Four Oaks NC 27524		
Address	Email	
36036		
License #		

INSULATION CONTRACTOR INFORMATION

Cumberland Insulation	910-984-7118
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.

Christopher Sherrod

Signature of Owner/Contractor/Officer of Corporation

7/16/25

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.

Christopher Sherrod

Signature of Owner/Contractor/Officer of Corporation

7/16/25

Date

