

RESIDENTIAL BUILDING APPLICATION

146 Turlington Landing Rd Dunn NC 28334 PIN: 1509-51-8170.000

Site Address: _____

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
1209 N Main St Lillington NC 27546

Phone
chris@signaturehomebuilders.com

Address
49431

Email

License #

ELECTRICAL CONTRACTOR INFORMATION

Electrical

Description of Work: _____

Service Size: 200 Amps T-Pole: YES NO

Jason H Pope Electrical Contractors Inc

919-820-0837

Electrical Contractor's Company Name

Phone

81 Beaver Creek Dr Dunn NC 28334

Email

Address
27284

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

HVAC/Gas

Description of Work: _____

910-963-0001

Central Air Heating and Cooling

Phone

Mechanical Contractor's Company Name

PO BOX 175 Four Oaks NC 27524

Email

Address
28699

License #

PLUMBING CONTRACTOR INFORMATION

Plumbing

Description of Work: _____

of Fixtures: 11

Brewington Plumbing

919-634-5464

Plumbing Contractor's Company Name

1637 Lees Union Church Rd Four Oaks NC 27524

Phone

Address
36036

Email

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

11/17/25

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

11/17/25

Date

