

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Zackary Stone Date: 7-11-25
 Site Address: 163 Cedar Wind Lane Fuquay Varina NC Phone: 919-437-3740
 Subdivision: N/A Lot: 3
 Description of Proposed Work: New SFD Total Job Cost: \$290,000

General Contractor Information

Keith Michael Brown
 Building Contractor's Company Name: 805 Coley Farm Rd. Fuquay Varina NC 27526
 Address: 51713 HEATED SQ FT 1736 GARAGE SQ FT 649
 License #: _____ Telephone: 919-669-714
 Email Address: KMBC11@gmail.com

Electrical Contractor Information

Description of Work: New SFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
Alpha & Omega Electric of NC LLC
 Electrical Contractor's Company Name: 1084 Lake Ridge Dr. Creedmoor NC 27522
 Address: 24828 Telephone: 919-669-3418
 License #: _____ Email Address: Ludwigelectrical@gmail.com

Mechanical/HVAC Contractor Information

Description of Work: New SFD
Certified Heating & Air
 Mechanical Contractor's Company Name: PO Box 1071 Hope Mills NC 28348
 Address: 20012 H2C1 Telephone: 910-858-0000
 License #: _____ Email Address: Certifiedheatair@gmail.com

Plumbing Contractor Information

Description of Work: New SFD # Baths: 2
Thornton's Plumbing Inc
 Plumbing Contractor's Company Name: 3160 -A Vinson Rd. Clayton NC 27527
 Address: 22152 Telephone: 919-550-4833
 License #: _____ Email Address: TPI office2@gmail.com

Insulation Contractor Information

Tatum Insulation II Garner NC
 Insulation Contractor's Company Name & Address: _____ Telephone: 919-661-0999

*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.

Keith Brewer
Signature of Owner/Contractor/Officer(s) of Corporation

7-11-25
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

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.

☒ 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: Keith Brewer Owner Date: 7-11-25