

RESIDENTIAL BUILDING APPLICATION

Site Address: 315 Cool Springs Rd. Lillington, NC 27546 PIN: 0610-89-2121.000
Owner: Brandy Webb Thomas Phone: 919-498-5112 Email: bws.thomas1@gmail.com
Description of Proposed Work: Building a House Total Job Cost: 150 K

GENERAL CONTRACTOR INFORMATION

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

Brandy Webb Thomas 919-498-5112
General Contractor's Company Name Phone
291 Cool Springs Rd. Lillington, NC 27546 bws.thomas1@gmail.com
Address Email
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Electrical Installation Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Chris Wester Electric 919-498-4948
Electrical Contractor's Company Name Phone
614 Leslie Rd. Sanford, NC 27332 Terry.ywester@gmail.com
Address Email
12007-U
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Mech/HVAC Installation
Dixon Heating & Air 910-824-3252
Mechanical Contractor's Company Name Phone
Carthage, NC devin@hvacdixon.com
Address Email
37265
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: Plumbing Installation # of Fixtures: 18
Adam Howard Plumbing 910-986-4622
Plumbing Contractor's Company Name Phone
186 Hulsey Rd. Carthage, NC
Address Email
31451
License # _____

INSULATION CONTRACTOR INFORMATION

Owner 919-498-5112
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.

Brandy W. Thomas
Signature of Owner/Contractor/Officer of Corporation

07.28.25
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.

Brandy W. Thomas
Signature of Owner/Contractor/Officer of Corporation

07.28.25
Date