



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 322 Black Duck Lane, Lillington, NC 27546 PIN: 0527-50-5831.000

Owner: JSJ Builders, Inc. Phone: 910-438-0796 Email: tsmithjsj@gmail.com

Description of Proposed Work: New Construction Total Job Cost: \$224,910

GENERAL CONTRACTOR INFORMATION

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

| | |
|--|----------------------------|
| <u>JSJ Builders, Inc.</u> | <u>910-438-0796</u> |
| General Contractor's Company Name | Phone |
| <u>1135 Robeson Street, Fayetteville, NC 28305</u> | <u>tsmithjsj@gmail.com</u> |
| Address | Email |
| <u>55120</u> | |
| License # | |

ELECTRICAL CONTRACTOR INFORMATION

| | | |
|---|-------------------------------|---|
| Description of Work: <u>New Construction</u> | Service Size: <u>200</u> Amps | T-Pole: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <u>MSF Electric, Inc.</u> | <u>281-494-4700</u> | |
| Electrical Contractor's Company Name | Phone | |
| <u>10455 Fountaingate Drive, Stafford, TX 77477</u> | <u>mandyk@msfelectric.com</u> | |
| Address | Email | |
| <u>U.34688</u> | | |
| License # | | |

MECHANICAL/HVAC CONTRACTOR INFORMATION

| | |
|--|---------------------------------------|
| Description of Work: <u>New Construction</u> | |
| <u>Carolina Comfort Air</u> | <u>919-550-7711</u> |
| Mechanical Contractor's Company Name | Phone |
| <u>PO Box 190, Clayton, NC 27520</u> | <u>rebecca@carolinacomfortair.com</u> |
| Address | Email |
| <u>31589</u> | |
| License # | |

PLUMBING CONTRACTOR INFORMATION

| | |
|--|------------------------------------|
| Description of Work: <u>New Construction</u> | # of Fixtures: <u>2.5 Bath</u> |
| <u>Titans Plumbing LLC</u> | <u>919-624-4292</u> |
| Plumbing Contractor's Company Name | Phone |
| <u>PO Box 1045, Dunn, NC 28335</u> | <u>business@titansplumbing.com</u> |
| Address | Email |
| <u>34800</u> | |
| License # | |

INSULATION CONTRACTOR INFORMATION

| | |
|--|---------------------|
| <u>Tri City Insulation 334 E. Mountain Dr., Fayetteville, NC 28306</u> | <u>910-237-8055</u> |
| Insulation Contractor's Company Name | Phone |

APPLICATION CONTINUES ON BACK



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.



Signature of Owner/Contractor/Officer of Corporation

7/22/2025

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.



Signature of Owner/Contractor/Officer of Corporation

7/22/2025

Date