

RESIDENTIAL BUILDING APPLICATION

Site Address: Lot 26 Legacy at Rawls PIN: 0664-49-5912.000
Owner: FOUR W'S INC Phone: 910-892-3123 Email: ttart@wellonsrealty.com
Description of Proposed Work: New SFD Total Job Cost: 345,000

GENERAL CONTRACTOR INFORMATION

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

<u>Freedom Constructors Inc of Dunn</u>	<u>910-892-1231</u>
General Contractor's Company Name	Phone
<u>PO BOX 608, Dunn, NC 28334</u>	<u>ttart.freedom@outlook.com</u>
Address	Email
<u>11590 UL</u>	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: <u>Wire New house</u>	Service Size: <u>200</u> Amps	T-Pole: YES ☒ NO ☐
<u>Price Electrical Construction</u>	<u>919-902-3178</u>	
Electrical Contractor's Company Name	Phone	
<u>3997 Godwin Lake Rd. Benson, NC</u>	<u>william@trustpeci.com</u>	
Address	Email	
<u>U-32613</u>		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: <u>New SFD Mechanical</u>	
<u>J & M Heating and Air Conditioning</u>	<u>910-897-5501</u>
Mechanical Contractor's Company Name	Phone
<u>724 Turlington Rd. Dunn, NC 28334</u>	<u>jandmhvac@earthlink.net</u>
Address	Email
<u>17164</u>	
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: <u>Plumb new SFD</u>	# of Fixtures: <u>12</u>
<u>Derek Joseph Brewington</u>	<u>9196345464</u>
Plumbing Contractor's Company Name	Phone
<u>1637 Lees Union Church Rd, Four Oaks NC</u>	
Address	Email
<u>36036</u>	
License #	

INSULATION CONTRACTOR INFORMATION

<u>Parker Brothers Insulation, Clinton NC</u>	<u>910-564-4132</u>
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.

Timothy Tart

Signature of Owner/Contractor/Officer of Corporation

10/1/2025

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.

Timothy Tart

Signature of Owner/Contractor/Officer of Corporation

10/1/2025

Date