

RESIDENTIAL BUILDING APPLICATION

Site Address: 35 Turnberry Ct PIN: 0665-30-7131.000
Owner: FOUR W'S INC Phone: 910-892-0436 Email: ttart.freedom@gmail.com
Description of Proposed Work: New SFD Total Job Cost: 225,000

GENERAL CONTRACTOR INFORMATION

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

Freedom Constructors Inc of Dunn 910-892-1231
General Contractor's Company Name Phone
PO BOX 608 Dunn NC ttart.freedom@gmail.com
Address Email
11590 UL
License #

ELECTRICAL CONTRACTOR INFORMATION

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

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New house mechanical
J and M Heating and A/C 910-897-5501
Mechanical Contractor's Company Name Phone
724 Turlington Rd. Dunn, NC 28334 jandmhvac@earthlink.net
Address Email
L-17164
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Plumb new SFD # of Fixtures: 13
Derek Joseph Brewington 919-634-5464
Plumbing Contractor's Company Name Phone
1637 Lee's Union Church Rd Four Oaks NC brewingtonplumbing@yahoo.com
Address Email
36036
License #

INSULATION CONTRACTOR INFORMATION

Parker Brothers Insulation, Clinton NC 910-564-4132
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

10-17-2025

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

10/17/2025

Date