

RESIDENTIAL BUILDING APPLICATION

Address: 880 Neighbors Rd Dunn NC PIN: 1528-45-1815.000
Owner: Robert D Lee Phone: 919 427 8465 Email: Drew@Whittentonbuilders.com
Description of Proposed Work: SFD Total Job Cost: 790,475.50

GENERAL CONTRACTOR INFORMATION

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

Whittenton Builders Enterprise Inc 919 427 8465
General Contractor's Company Name Phone
863 Neighbors Rd Dunn NC 28534 Todd@Whittentonbuilders.com
Address Email
9607
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: SFD Service Size: _____ Amps T-Pole: YES ☒ NO ☐
Light house 910 803 0290
Electrical Contractor's Company Name Phone
25224 US Hwy 17 Hampstead NC Lighthouse Electric @ 910.600
Address Email
22882
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: SFD
Beasley's HVAC 919 894 4248
Mechanical Contractor's Company Name Phone
57 WC Beasley Lane Coats NC
Address Email
9497
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD # of Fixtures: _____
Even Stewart Hargrove 919 820 2613
Plumbing Contractor's Company Name Phone
2409 Juniper Church Rd Four Oaks NC
Address Email
36339
License #

INSULATION CONTRACTOR INFORMATION

Tri City Insulation 919 868 0636
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 conforms to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I declare the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained 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.

PERMITTED 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

11-25-25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

I, the undersigned applicant being the:

☒ General Contractor ☐ Owner ☐ Officer/Agent of the Contractor or Owner

I 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,

I am 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

11-25-25

Date