

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

RESIDENTIAL BUILDING APPLICATION

Site Address: 137 Baxley Drive, Dunn, NC 28334		PIN:	1508-62-4074
Owner: JSJ Builders, Inc.	Phone: 910-438-0796	Email: _	tsmithjsj@gmail.com
Description of Proposed Work: N	lew Construction		Total Job Cost: \$190,825
	GENERAL CONTRACTOR	INFORMATION	<u>l</u>
* Must be owner or li	censed contractor. Address, company nar	ne & phone must m	atch information on license.
JSJ Builders, Inc.		910-438-079	96
General Contractor's Company Name		Phone	
1135 Robeson Street, Fayetteville, NC 28305		tsmithjsj@gmail.com	
Address		Email	
55120 License #			
FIGURE #			
	ELECTRICAL CONTRACTOR	RINFORMATIO	<u>IN</u>
Description of Work: New Construction	1	_ Service Size: _	200 Amps T-Pole: YES ☑ NO □
MSF Electric, Inc.		281-494-470	00
Electrical Contractor's Company Name		Phone	**************************************
10455 Fountaingate Drive, Stafford,	TX 77477	mandyk@m	sfelectric.com
Address	· · · · · · · · · · · · · · · · · · ·	Email	
<u>U.34688</u>			
License #			
<u> </u>	IECHANICAL/HVAC CONTRAC	TOR INFORMA	<u>TION</u>
Nav. Caratrustian			
Description of Work: New Construction	1		
Carolina Comfort Air		<u>919-550-771</u>	1
Mechanical Contractor's Company Name		Phone	
PO Box 190, Clayton, NC 27520			rolinacomfortair.com
Address		Email	
31589 License #			
LIGHTSO IF		INFORMATION	1
	PLUMBING CONTRACTOR	INFORMATION	<u>!</u>
Description of Work: New Construction			# of Fixtures:
Titans Plumbing LLC		919-624-429	92
Plumbing Contractor's Company Name	THE ACTION AND ADMINISTRATION OF THE ACTION AND ADMINISTRATION OF THE ACTION AND ADMINISTRATION AND ADMINIST	Phone	
PO Box 1045, Dunn, NC 28335		business@ti	tansplumbing.com
Address		Email	
34800			
License #			
	INSULATION CONTRACTOR	RINFORMATIO	<u>N</u>
Tri City Insulation 334 E. Mountain Dr.,	Favetteville NC 28306	910-237-805	55
Insulation Contractor's Company Name	. 1,000.00	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.

Signature of Owner/Contractor/Officer of Corporation

11/5/2025

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	11/5/2025 Date			
organization of annexitation of corporation	Date			