



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name: United Equitable Properties Date 11-24-25
Site Address: 44 Frying Pan Rd Coats NC 27521 Phone 910-984-7042
Subdivision: _____ Lot _____
Description of Proposed Work: New Const. Total Job Cost 250,000.00

General Contractor Information

Serenity Built Homes, Inc. 910-893-2462
Building Contractor's Company Name Telephone
PO Box 1417 Lillington NC 27546 Klawrence@capitalmarblecreations.com
Address Email Address
63787
License #

Electrical Contractor Information

Description of Work New Service Size: 200 Amps T-Pole: X Yes No
Electrical Innovators 919-279-7177
Electrical Contractor's Company Name Telephone
PO Box 73 Angier NC 27501 electricbiz@hotmail.com
Address Email Address
LA9238
License #

Mechanical/HVAC Contractor Information

Description of Work New
J&M Heating & AC 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn NC 28334 jandmhvac@centurylink.net
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work New # Baths 2
Jason Barefoot Plumbing 910-892-4736
Plumbing Contractor's Company Name Telephone
5476 Timothy Rd Dunn NC 28334 jasonbarefoot@yahoo.com
Address Email Address
20694 P-1
License #

Insulation Contractor Information

Insulating Inc 919-772-9000
Insulation Contractor's Company Name & Address Telephone
5902 Fayetteville Rd Raleigh NC 27603

NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by stating below I have obtained all subcontractors 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 any and all changes.

PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

K. L. Law
Signature of Owner/Contractor/Officer(s) of Corporation

11-24-25
Date

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

The undersigned applicant being the:

X General Contractor _____ Owner _____ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

_____ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: K. L. Law Date: _____