



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Christopher Thomas Vaughan Date: 10/15/20
Site Address: 5089 Rosser Pittman Rd Phone: 910-303-1234
Subdivision: _____ Lot: _____
Description of Proposed Work: OFF-FRAME Modular Total Job Cost: _____

General Contractor Information

TCC Vanderbilt, dba Homes by Vanderbilt 800-534-2448
Building Contractor's Company Name _____ Telephone _____
3300 Jefferson Davis Highway, Sanford NC 27332 bruceb@ncmodulars.com
Address _____ Email Address _____
43964 HEATED SQ FT 1792 BARAGE SQ FT
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Carolina Power & Generators, Inc. 910-947-7707
Electrical Contractor's Company Name _____ Telephone _____
3700 Hwy 15-501, Carthage, NC 28327 gary@carolinaair.com
Address _____ Email Address _____
SP SFD 32340
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Heating & Air 910-947-7707
Mechanical Contractor's Company Name _____ Telephone _____
3700 Hwy 15-501, Carthage, NC 28327 carolinaair7707@gmail.com
Address _____ Email Address _____
23549 H2
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2
HR Curtis 919-770-0618
Plumbing Contractor's Company Name _____ Telephone _____
6314 Carbonton Road, Sanford, NC 27330
Address _____ Email Address _____
10924
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____
N/A

*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 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 any and all changes.

EXPIRED 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.



 Signature of Owner/Contractor/Officer(s) of Corporation

10/13/2020

 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

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.
- 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:  _____ Date: _____