

| | | Application # | |
|---|---|--|--|
| | Harnett County Central | Permitting | |
| e owner/occupier or contractor. Address. PO Box 65 Lillington, NC 27546 | | | |
| ny name & phone must | 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits | | |
| nformation on license. | | | |
| | Application for Residential Buildi | ng and Trades Permit | |
| Owner's Name: | Vulcan Homes | Date <u>9/07/2021</u> | |
| Site Address: | McKay Drive, Spring Lake | Phone910-391-6229 | |
| | | Lot | |
| Description of Propos | ed Work: <u>New construction</u> | Job Cost _\$150,000 | |
| | General Contractor In | formation | |
| Daniel Wright | 910-391-622 | 9 Telephone | |
| Building Contractor's | Company Name | Telephone | |
| | Raeford NC 28376 | dnwrightllc@dnwrightllc.com | |
| Address | | Email Address | |
| 64834 | HEATED SQ FT1497 GARA | AGE SQ FT262 | |
| License # | Electrical Contractor Ir | oformation | |
| Description of Work _ | | <i>r</i> ice Size: 200Amps T-Pole: <u> x</u> _Yes | |
| Buford Electric | | 910-491-5490 | |
| Electrical Contractor's | Company Name | Telephone | |
| <u>2978 Gillespie St. Fay</u> | v, NC 28306 | | |
| | | | |
| Address | | Email Address | |
| <u>314244</u> | | | |
| 044044 | | Email Address | |
| <u>314244</u> License # | Mechanical/HVAC Contract | Email Address tor Information | |
| <u>314244</u> License # | Mechanical/HVAC Contract | Email Address | |
| 314244 License # Description of Work _ <u>Certified HVAC</u> Mechanical Contracto | Mechanical/HVAC Contract | Email Address tor Information 910-858-0000 Telephone | |
| 314244 License # Description of Work _ <u>Certified HVAC</u> Mechanical Contracto PO BOX 1071 Hope M | Mechanical/HVAC Contract r's Company Name Mills, NC 28348 | Email Address tor Information 910-858-0000 Telephone | |
| 314244 License # Description of Work <u>Certified HVAC</u> Mechanical Contracto <u>PO BOX 1071 Hope M</u> Address | Mechanical/HVAC Contract r's Company Name Mills, NC 28348 | Email Address tor Information 910-858-0000 Telephone | |
| 314244 License # Description of Work <u>Certified HVAC</u> Mechanical Contracto <u>PO BOX 1071 Hope N</u> Address 20012 | Mechanical/HVAC Contract r's Company Name Mills, NC 28348 | Email Address tor Information 910-858-0000 Telephone | |
| 314244 License # Description of Work <u>Certified HVAC</u> Mechanical Contracto <u>PO BOX 1071 Hope M</u> Address | Mechanical/HVAC Contract r's Company Name Mills, NC 28348 | Email Address tor Information | |
| <u>314244</u> License # Description of Work <u>Certified HVAC</u> Mechanical Contracto <u>PO BOX 1071 Hope M</u> Address <u>20012</u> License # | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Aills, NC 28348</u> <u>Plumbing Contractor In</u> | Email Address tor Information | |
| 314244 License # Description of Work Certified HVAC Mechanical Contracto PO BOX 1071 Hope N Address 20012 License # Description of Work | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Mills, NC 28348</u> <u>Plumbing Contractor In</u> | Email Address tor Information | |
| <u>314244</u> License # Description of Work <u>Certified HVAC</u> Mechanical Contracto <u>PO BOX 1071 Hope M</u> Address <u>20012</u> License # | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Mills, NC 28348</u> <u>Plumbing Contractor In</u> | Email Address tor Information | |
| 314244 License # Description of Work Certified HVAC Mechanical Contracto PO BOX 1071 Hope N Address 20012 License # Description of Work Steven Blue Plumbing Plumbing Contractor's | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Mills, NC 28348</u> <u>Plumbing Contractor In</u> g g Company Name | Email Address tor Information 910-858-0000 Telephone Email Address Image: model # Baths 2.5/unit 910-536-6362 | |
| 314244 License # Description of Work Certified HVAC Mechanical Contracto PO BOX 1071 Hope N Address 20012 License # Description of Work Steven Blue Plumbing | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Mills, NC 28348</u> <u>Plumbing Contractor In</u> g g Company Name | Email Address tor Information 910-858-0000 Telephone Email Address Image: model # Baths 2.5/unit 910-536-6362 | |
| 314244 License # Description of Work Certified HVAC Mechanical Contracto PO BOX 1071 Hope N Address 20012 License # Description of Work Steven Blue Plumbing Plumbing Contractor's 232 Daily Rd. Maxton Address | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Mills, NC 28348</u> <u>Plumbing Contractor In</u> g g Company Name | Email Address tor Information 910-858-0000 Telephone Email Address Image: Straight of the straight of th | |
| 314244 License # Description of Work Certified HVAC Mechanical Contracto PO BOX 1071 Hope N Address 20012 License # Description of Work Steven Blue Plumbing Plumbing Contractor's 232 Daily Rd. Maxton | Mechanical/HVAC Contract r's Company Name Mills, NC 28348 Plumbing Contractor In g s Company Name a, NC 28364 | Email Address tor Information 910-858-0000 Telephone Email Address formation # Baths 2.5/unit 910-536-6362 Telephone Email Address | |
| 314244 License # Description of Work Certified HVAC Mechanical Contracto PO BOX 1071 Hope N Address 20012 License # Description of Work Steven Blue Plumbing Plumbing Contractor's 232 Daily Rd. Maxton Address 33026 | <u>Mechanical/HVAC Contract</u> r's Company Name <u>Mills, NC 28348</u> <u>Plumbing Contractor In</u> g g Company Name | Email Address tor Information 910-858-0000 Telephone Email Address formation # Baths 2.5/unit 910-536-6362 Telephone Email Address | |

*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

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

<u>9-07-2021</u> Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | | | |
|---|---|--------|--|--|--|
| X Gener | ral 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 | 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. | | | | | |
| <u>X</u> 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: | -OM N K | ling | Date: 9-07-2-21 | | |