



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: Elizabeth Aragon Date: 01/18/2023  
Site Address: 745 Creekview Lane Linden, NC Phone: 910-308-2818  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: New Stickbuilt SFD Total Job Cost: 314,070

**General Contractor Information**

Red Door Homes (910) 930-8581  
Building Contractor's Company Name Telephone  
4002 Fayetteville Rd. Roeford, NC Kira@reddoorhomesnc.com  
Address Email Address  
69945 HEATED SQ FT 1988 GARAGE SQ FT 400  
License #

**Electrical Contractor Information**

Description of Work New SFD Service Size: 200 Amps T-Pole:  Yes  No  
Riggins Electrical (910) 280-3894  
Electrical Contractor's Company Name Telephone  
11990 Hasty Rd. Laurinburg, NC 28352 thomaselectric843@gmail.com  
Address Email Address  
13084-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD  
Servtechs (910) 644-5853  
Mechanical Contractor's Company Name Telephone  
1775 Aman Dairy Rd. Dunn, NC 28334 josh.servtechs@gmail.com  
Address Email Address  
34889  
License #

**Plumbing Contractor Information**

Description of Work New SFD # Baths 3  
Steven Blue Plumbing (910) 536-6362  
Plumbing Contractor's Company Name Telephone  
252 Dailey Rd. Maxton, NC 28364 SBlue2888@gmail.com  
Address Email Address  
33026  
License #

**Insulation Contractor Information**

Cumberland Insulation (910) 484-7118  
Insulation Contractor's Company Name & Address Telephone  
4205 Clinton Rd. Fayetteville, NC 28312

**\*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.**

Kwá P. Torres  
Signature of Owner/Contractor/Officer(s) of Corporation

01/18/2023  
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: [Signature] DIV. MNGR. Date: 1/18/23