

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

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Karl/Sara Rentler Date: 11/14/22
Site Address: 1216 Rollins Mill Rd Phone: 860-383-5946
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: 30x76 off flame modular #Bedrooms: 3
Heated SF 2280 Unheated SF 1478 Finished Rec Room? _____ Crawl Space (Slab ()

General Contractor Information

TCC Vanderhuy LLC 919-770-4413
Building Contractor's Company Name Telephone
3300 Selferson Davis Hwy Sanford NC 27332 43964
Address License #

Must sign & fill out second page

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

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes (no)
Carolina Power Generators Inc 910-585-4883
Electrical Contractor's Company Name Telephone
420 Hwy 15/501 Carthage NC 28327 32340
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Carolina Air Heat & Cool Inc. 910-947-7707
Mechanical Contractor's Company Name Telephone
3700 Hwy 15/501 Carthage NC 28327 23549
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths 2
HR Curtis 919-770-0168
Plumbing Contractor's Company Name Telephone
6314 Carthage Rd Sanford NC 27330 10924
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed? ___ yes ___ no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
- 3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

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 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.

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

11/14/22
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.

Company or Name: TAC Vanderbuilt LLC

Sign w/Title: Officer/Agent Date: 11/14/22