Harnett COUNTY NORTH CAROLINA

strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 18 Twin Oaks Dr. Angier NC **PIN**: _____

Owner: Ashley Reid **Phone**: (919) 812-4678 **Email**: aburtonreid55@gmail.com

Description of Proposed Work: 20 x 22 Master Bed Room Addition **Total Job Cost**: 109,000.00

GENERAL CONTRACTOR INFORMATION

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

Ashley Reid
General Contractor's Company Name

(919) 812-4678
Phone

18 Twin Oaks Dr. Angier NC 27501
Address

aburtonreid55@gmail.com
Email

License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Pole: YES ☐ NO ☐

Electrical Contractor's Company Name

Phone

Address

Email

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Installation of 18000 BTU mini split AC/Heating unit

Ashley B. Reid
Mechanical Contractor's Company Name

(919) 812-4678
Phone

18 Twin Oaks Dr. Angier, NC 27501
Address

aburtonreid55@gmail
Email

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Rough in Plumbing For shower sink, Toilet Install whole House Tankless Propane Water Heater # of Fixtures: _____

Mennella & Son Plumbing
Plumbing Contractor's Company Name

(919) 820-6881
Phone

2273 Bailey's Crossroads Rd. Coats, NC 27521
Address

mennella and son Plumbing@gmail
Email

License #

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name

Phone

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is $150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer of Corporation — Date: 10/3/25

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

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

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

___✓___ Has no more than 2 employees and no subcontractors,

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

Signature of Owner/Contractor/Officer of Corporation — Date: 10/3/25