



Application # _____

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546

PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Jacquelyn Alexander Date 10/2/24
Site Address: 1231 Murchison Town Rd. Sanford, NC 27332 Phone 919-498-0213
Subdivision: _____ Lot _____
Description of Proposed Work: demo existing home replace with off-frame modular Total Job Cost \$120,400

General Contractor InformationRescue Construction Solutions

Building Contractor's Company Name

2800 Rowland Rd. Raleigh, NC 27615

Address

73-808

License #

HEATED SQ FT 11015GARAGE SQ FT N/A919-615-1759

Telephone

jsattamartini@rescue-cs.com

Email Address

Electrical Contractor InformationDescription of Work wire up electrical Service Size: 200 Amps T-Pole: Yes ☒ NoEnglish Barton Electric

Electrical Contractor's Company Name

242 Modest Rd. Maxton, NC 28364

Address

L-31637

License #

910-740-2231

Telephone

adamn.spencer@live.com

Email Address

Mechanical/HVAC Contractor Information

CHANGED

Description of Work install HVACIdeal Comfort Inc D&D HVAC LLC

Mechanical Contractor's Company Name 605 Chatham St. Sanford, NC 27330

107 Polk St. Dr. Burlington, NC 27217

Address

L-00518 23371

License #

336-270-8095 919-628-2183

Telephone

contact@ddhvacllc.com

Email Address

Plumbing Contractor InformationDescription of Work install plumbing# Baths 2Justin Christopher McKnight

Plumbing Contractor's Company Name

1915 June Johnson Rd. Raleigh, NC 28316

Address

L-35556

License #

910-703-5690

Telephone

Email Address

Insulation Contractor InformationN/A

Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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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

Date

10/2/2023

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:

Shelia B. [Signature] - President

Date: 10/2/2023