



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: Jeanette Arnold-Dew Date 5-1-23
Site Address: 2603 Ross Rd. Lillington NC 27546 Phone 910-893-3283
Subdivision: _____ Lot _____
Description of Proposed Work: modular home Total Job Cost _____

General Contractor Information

TCC Vanderhuilt 919-718-2760
Building Contractor's Company Name Telephone
3300 Jefferson Davis Hwy Sanford NC 27332 bruce.burton@remodulars.com
Address Email Address
43964 HEATED SQ FT 1904 GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Carolina Power & Generators Inc 919-947-7707
Electrical Contractor's Company Name Telephone
3700 Hwy 15-501 Carthage NC 28327 gary@cmolinair.com
Address Email Address
SP.5FD.32340
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Air & Htg 910-947-7707
Mechanical Contractor's Company Name Telephone
3700 Hwy 15-501 Carthage NC 28327 carolinair7707@gmail.com
Address Email Address
23549 H-2
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
HR Curtis
Plumbing Contractor's Company Name Telephone
6314 Caribenton Rd Sanford NC 27330
Address Email Address
10924
License #

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

*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.

L. Keith Edwards
Signature of Owner/Contractor/Officer(s) of Corporation

05-01-2023
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: Jeanette Arnold-Dew Date: 5/2/23