

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

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.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: RESCUE REHAB RESALE LLCESCUE REHAB RESAL	E LLC Date 9/21/23
Site Address: 38 HALLMARK DR SPRING LAKE, NC 28390	Phone
Subdiv sion: Overhills Creek	Lot 4 Sec. 1
Description of Proposed Work: Renovate Existing House	Total Job Cost \$ 37,000.00
General Contractor Information	
Regency Homes, Inc	910-424-0455
Building Contractor's Company Name	Telephone
PO Box 25640, Fayetteville, NC 28314	regency@regencync.com
Address 1340sqft	Email Address
32067-U HEATED SOFT Existing GARAGE SO	Existing 325sqft
License #	
Electrical Contractor Information	L A T Balas - Van V Na
Description of Work Repair and Add Outlets Service Size:	Amps T-Pole:YesNo 910-433-9037
Ringled Electrical Contractors	
Electrical Contractor's Company Name	Telephone
5305 Ashby Street, Hope Mills, NC 28348	
Address L.20555	Email Address
License #	
License #	
	ation
Mechanical/HVAC Contractor Informa	ation
Mechanical/HVAC Contractor Information Description of Work Replace HVAC System and Ducts	
Mechanical/HVAC Contractor Information of Work Replace HVAC System and Ducts Southern Comfort Heating/Cooling/Gas, Inc	910-922-4264
Mechanical/HVAC Contractor Information of Work Replace HVAC System and Ducts Southern Comfort Heating/Cooling/Gas, Inc Mechanical Contractor's Company Name	
Mechanical/HVAC Contractor Information Description of Work Replace HVAC System and Ducts Southern Comfort Heating/Cooling/Gas, Inc Mechanical Contractor's Company Name 937 Satinwood Ct., Fayetteville, NC 28312	910-922-4264 Telephone
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Mechanical/HVAC Contractor Information Description of Work Replace HVAC System and Ducts Southern Comfort Heating/Cooling/Gas, Inc Mechanical Contractor's Company Name 937 Satinwood Ct., Fayetteville, NC 28312 Address L.34398 License # Plumbing Contractor Information	910-922-4264 Telephone Email Address
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Mechanical/HVAC Contractor Information Description of Work Replace HVAC System and Ducts Southern Comfort Heating/Cooling/Gas, Inc Mechanical Contractor's Company Name 937 Satinwood Ct., Fayetteville, NC 28312 Address L.34398 License # Plumbing Contractor Information Description of Work Replace Bath tub, sinks, and repair plumbing Jones Plumbing Plumbing Contractor's Company Name	910-922-4264 Telephone Email Address # Baths 2
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Mechanical/HVAC Contractor Information Description of Work Replace HVAC System and Ducts Southern Comfort Heating/Cooling/Gas, Inc Mechanical Contractor's Company Name 937 Satinwood Ct., Fayetteville, NC 28312 Address L.34398 License # Plumbing Contractor Information Description of Work Replace Bath tub, sinks, and repair plumbing Jones Plumbing Plumbing Contractor's Company Name 2550 Muriel Dr., Fayetteville, NC 28306 Address L.04610 License #	910-922-4264 Telephone Email Address # Baths 2 910-484-9403 Telephone Email Address

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.

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

9/21/23

The t	Affidavit for Worker's Compensation N.C.G.S. 87-14 Indersigned applicant being the:
_<	General Contractor Owner Officer/Agent of the Contractor or Owner
	ereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work in the permit:
_<	_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
them	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
✓ cove	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance ing 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	
	w/Title: Date: 9/21/23