

Application #

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

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

Application for Residential Building and Trades Permit

Owner's Name: Bobby & Kristan Mills		Date 3-22-24
Site Address: 2800 Baptist Grove Rd, Fuquay-Varina , NC 27526	Phone	919-422-3798
Subdivision:	Lot	
Description of Proposed Work: 28'x60' 1 story Modular home & 6'X20 front porch	^า _ Total Job Cost ₋	250,000
General Contractor Information		
Tcc Vanderbuilt, Homes By Vanderbuilt	919-718-2760)
Building Contractor's Company Name	Telephone	
3300 Jefferson Davis Hwy Sanford NC 27332	bruceb@ncmc	dulars.com
Address	Email Address	_
43964 HEATED SQ FT 1658 GARAGE SC	Q FT N/A	
License #		
<u>Electrical Contractor Information</u> Description of Work 200 amp service for modular Service Size:		ole:Yes _X_No
Carolina Power & generator	910-585-4883	010103110
Electrical Contractor's Company Name	Telephone	
420 US-15 #501, Carthage, NC 28327	•	verandgenerators.com
Address	Email Address	
32340		
License #		
Mechanical/HVAC Contractor Inform	<u>nation</u>	
Description of Work Heat pump & AC for modular		
Carolina Air	910-947-7707	
Mechanical Contractor's Company Name	Telephone	
3700 US-15 #501, Carthage, NC 28327	candice@carolinaair.com	
Address	Email Address	
34838		
License #		
Plumbing Contractor Information		
Description of Work water supply & DWV connections for Modular	_# Baths ²	
H R Curtis	919-770-0168	
Plumbing Contractor's Company Name	Telephone	
6314 Carbonton Rd, Sanford, NC 27330	hrcurtis@windstream.net	
Address	Email Address	
10924		
License # Insulation Contractor Information	n .	
N/A	<u>/11</u>	
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.

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

12/11/23

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
X 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:			
X 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: Qualifier Date: 12/11/23			