



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: Daniel & Laura Parnell Date 8-15-24

Site Address: 3392 Abattoir Rd Angier, NC 27501 Phone 919-523-7937

Subdivision: _____ Lot _____

Description of Proposed Work: 30'x60' 1.5 story modular with 6'x26' front porch Total Job Cost 280,000

General Contractor Information

Tcc Vanderbilt, Homes By Vanderbilt 919-718-2760

Building Contractor's Company Name Telephone

3300 Jefferson Davis Hwy Sanford NC 27332 bruceb@ncmodulars.com

Address Email Address

43964 **HEATED SQ FT** 1800 **GARAGE SQ FT** N/A

License # _____

Electrical Contractor Information

Description of Work 200 amp service for modular Service Size: 200 Amps T-Pole: Yes No

Carolina Power & generator 910-585-4883

Electrical Contractor's Company Name Telephone

420 US-15 #501, Carthage, NC 28327 barbie@carolinapowerandgenerators.com

Address Email Address

32340

License # _____

Mechanical/HVAC Contractor Information

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/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.

Ben Butler

8-15-24

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

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:

Ben Butler

Qualifier

Date: 12/11/23