



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: RODNEY F RICHTER Date 01/30/2025
Site Address: 266 BROWER RD, CAMERON, NC 28326 Phone 910-813-6798
Subdivision: NONE Lot 1C
Description of Proposed Work: NEW BATH/BED/KITCHEN IDECK Total Job Cost 22,691.35

General Contractor Information

MAKAYSAAN PROPERTIES, LLC 919-450-7517
Building Contractor's Company Name Telephone
P.O. Box 61022, DURHAM, NC 27715 MAKAYSAAN@GMAIL.COM
Address Email Address
87122 HEATED SQ FT 736 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work NEW WIRING / WOVEN / HEATER Service Size: 200 Amps T-Pole: Yes No
SKK ELECTRIC, LLC 919-500-8757
Electrical Contractor's Company Name Telephone
1035 HARVEST ST, DURHAM, NC 27703 CEO@SKKELECTRIC.COM
Address Email Address
U35758
License #

Mechanical/HVAC Contractor Information

Description of Work SWITCH OLD UNIT TO NEW PACKAGE UNIT
D&V AIRCONDITIONING AND HEATING SERVICE 919 325 8329
Mechanical Contractor's Company Name Telephone
P.O. Box 1345, ANGLIER, NC 27501 DENNIS@BLACKMON002@GMAIL.COM
Address Email Address
22044
License #

Plumbing Contractor Information

Description of Work NEW PLUMBING FOR HOUSE # Baths 01
ANDERSON'S ELECTRICAL AND PLUMBING 772-204-4465
Plumbing Contractor's Company Name Telephone
1030 RIVERSIDE CIR, SPRING LAKE, NC 28390 ANDERSON@SELECTRICAL@MAIL.COM
Address Email Address
34162
License #

Insulation Contractor Information

MAKAYSAAN PRO. LLC, P.O. BOX 61022, DURHAM, NC 27715 919-450-7517
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.

Rodney J. Richter
Signature of Owner/Contractor/Officer(s) of Corporation

01/30/2025
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: *Rodney J. Richter* Date: 01/30/2025