

Change of subcontractors

RESIDENTIAL BUILDING APPLICATION

Permit# BRES2405-0032

Site Address: 400 mason drive PIN: _____
Owner: Rabbie Godwin Phone: 919-818-1873 Email: david@edgebuilds.com
Description of Proposed Work: fire destroyed home Total Job Cost: 399,000

GENERAL CONTRACTOR INFORMATION

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

James David Carroll 919 901 583
General Contractor's Company Name Phone
140 Corvha drive, Clayton NC 27520 david@edgebuilds.com
Address Email
68266
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wire new home Service Size: 200 Amps T-Pole: YES ☐ NO ☒
CMC Electrical 919 -
Electrical Contractor's Company Name Phone
P.O. BOX 1833 Construction@cmcserviceexperts.com
Address Email
UL-26804
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Supply and furnish new Heat & Air to home
Carolina Comfort Air 919-218-6282
Mechanical Contractor's Company Name Phone
703 N Clanton Avenue, Dunn NC 28334 Rnc team@Carolinacomfortair.com
Address Email
29077
License #

PLUMBING CONTRACTOR INFORMATION

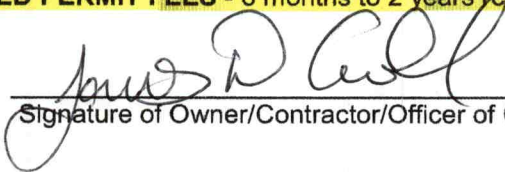
Description of Work: Plumbing to Home # of Fixtures: 13
Ambit Plumbing 919-934-1379
Plumbing Contractor's Company Name Phone
100 Rock Pillar Rd ambitplumbing@gmail.com
Address Email
20823
License #

INSULATION CONTRACTOR INFORMATION

Tatum Insulation 919-661-0999
Insulation Contractor's Company Name Phone

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

9/3/25

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

9/3-25

Date