



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: **Stephen / Heather Holland** Date **01-10-2025**
Site Address: **508 Spring Hill Church Road Lot 4 Lillington, NC. 27546** Phone **984-220-3486**
Subdivision: _____ Lot _____
Description of Proposed Work: **41x76 Off frame Modular W/7x24 Shed Porch** Total Job Cost **\$438,337.00**

General Contractor Information

TCC Vanderbilt LLC **919-718-2760**
Building Contractor's Company Name Telephone
3300 Jefferson Davis HWY Sanford, NC. 27332 **joseph.bare@ncmodulars.com**
Address Email Address
43964 **HEATED SQ FT 2433** **GARAGE SQ FT N/A**
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
Carolina Power & Generators **910-585-4883**
Electrical Contractor's Company Name Telephone
420 Hwy 15/501, Carthage NC 28327 **barbie@carolinapowerandgenerators.com**
Address Email Address
32340
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Air Heating & Cooling **910-947-7707**
Mechanical Contractor's Company Name Telephone
3700 Hwy 15/501, Carthage NC 28327 **Candace@carlinaair.com**
Address Email Address
34838
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
By Home Owner
Plumbing Contractor's Company Name Telephone
Address Email Address
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.

Joseph A. Bare
Signature of Owner/Contractor/Officer(s) of Corporation

01-10-2025
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: Joseph A. Bare **General Contractor** Date: 01/10/2025