



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: James Roy Date: 5-28-24

Site Address: 1385 Atkins Rd Fryingpan VA NC 27526 Phone: 623-734-5278

Subdivision: _____ Lot: _____

Description of Proposed Work: Bed Room Extension + Bathroom Total Job Cost: \$40000.00

General Contractor Information

RSB Construction NC LLC 919-753-7595
Building Contractor's Company Name Telephone
32 Black Dr Fryingpan VA NC 27526 rsbconstruction@gmail.com
Address Email Address

HEATED SQ FT 392 GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work Basic Electric panel Service Size: 200 Amps T-Pole: Yes No

Triple Crown Electric LLC 984-328-2000
Electrical Contractor's Company Name Telephone

313-C US Hwy 70 Garner NC 27529 TripleCrownElectric@gmail.com
Address Email Address

L 32141
License #

Mechanical/HVAC Contractor Information

Description of Work ADD Duct + DO Load Calc.

MANDRINO Enterprises Inc 919-249-0130
Mechanical Contractor's Company Name Telephone

1105 Great Falls Ct. Suite B Knightdale NC 27545 office@mandrinoHeatAir.com
Address Email Address

H3-23467
License #

Plumbing Contractor Information

Description of Work plumb Bath room tub + VAN. # Baths 1

Contract Plumbing 919-427-6931
Plumbing Contractor's Company Name Telephone

PO Box 1924 Fryingpan VA NC 27526 Contractplumbing@msn.com
Address Email Address

25373-Class P1
License #

Insulation Contractor Information

RSB Construction NC LLC 919-753-7595
Insulation Contractor's Company Name & Address Telephone

32 Black Dr. F.V NC 27526

*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.

PS Scott Baker
Signature of Owner/Contractor/Officer(s) of Corporation

5-28-24
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: PS Scott Baker Owner Date: 5-28-24