



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: Bharat Pal Date 6/17/24

Site Address: 380 Red cedar way Phone _____

Subdivision: Wood Grove Lot 185

Description of Proposed Work: Screen Porch, Pad Total Job Cost \$20,000

General Contractor Information

ASM Fine Construction LLC

877-381-3392 (919) 270-2990

Building Contractor's Company Name
100 Kellenburg Dr Apex NC 27502

Telephone
Email Address ahlawat1@yahoo.com

Address
L103078

HEATED SQ FT 000 GARAGE SQ FT 000

Electrical Contractor Information

Description of Work Fan light Service Size: 120 Amps T-Pole: Yes No

Electrical Contractor's Company Name
Kellas Electric

Telephone
415-702-5227

Address
1013 Variform Dr Durham 27712

Email Address
kellaselectric@gmail.com

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor Information

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.

Ashlye K. Ahlowat
Signature of Owner/Contractor/Officer(s) of Corporation

6/15/24
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: Ashlye K. Ahlowat owner/owner Date: 6/15/24