



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: Maldonado Renovation Properties LLC Date: _____
Site Address: 25 Briarwood Pl Sanford NC 27332 Phone: (919) 923 6820
Subdivision: Laurel valley subdivision Lot: 39
Description of Proposed Work: Artic Renovation Total Job Cost: 150,000⁰⁰ ~~00~~

General Contractor Information

SUMMA CONSTRUCTION GROUP, LLC (919) 215-8068
Building Contractor's Company Name Telephone
108 Preston Pines Drive NC 27513 summagc@gmail.com
Address Email Address
99663 HEATED SQ FT 2420 GARAGE SQ FT 576
License #

Electrical Contractor Information

Description of Work New Service Service Size: _____ Amps T-Pole: Yes No
Rasoo Electric Construction (919) 961-0837
Electrical Contractor's Company Name Telephone
2612 elmhurst cir Raleigh NC 27610 rasooelectricconstruction@gmail.com
Address Email Address
U-16507
License #

Mechanical/HVAC Contractor Information

Description of Work New A/C system
1w ultra air Heating and cooling (336) 516-5310
Mechanical Contractor's Company Name Telephone
3200 Laxewood Dr. Raleigh NC 27604 C-rojas74@yahoo.com
Address Email Address
#18881
License #

Plumbing Contractor Information

Description of Work New Plumbing # Baths 3
All hustle Plumbing and Backflow (919) 348-3140
Plumbing Contractor's Company Name Telephone
129 woodhaven Dr. New hill NC 27562 Allhustleirrigation@gmail.com
Address Email Address
#35183
License #

Insulation Contractor Information

Gand Son LLC 2081 Clayhole Rd (919) 628-9783
Insulation Contractor's Company Name & Address Telephone
NC 27521

*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.

Signature of Owner/Contractor/Officer(s) of Corporation

06/17/2024

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: Frederick (Manager)

Date: 06/17/2024

SUMMA CONSTRUCTION GROUP