



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: Kevin Nolan Date 10-28-24
Site Address: 139 Jacob St. Holly Springs, NC 27540 Phone 603-534-5577
Subdivision: _____ Lot _____

Description of Proposed Work: Install crawl space encapsulation Total Job Cost 19,893.47
Stall floor support and install circuit and GFI protected outlet as indicated

General Contractor Information

Vendor UC DBA Regional Foundation And Crawl Space Repair 919-851-4500
Building Contractor's Company Name Telephone
721 E Gannon Ave Zebulon NC 27597 permitting@regionalwaterproofing-c
Address Email Address
100348 **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work Install circuit and GFI protected outlet Service Size: 20 Amps T-Pole: Yes No
Deans Electric Service Inc 919-868-6744
Electrical Contractor's Company Name Telephone
4405 Hopkins Chapel Rd Zebulon, NC 27597 waulondeans@gmail.com
Address Email Address
L-30-222
License #

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work N/A # 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.

Alon Mandoza W/Vonor LLC
Signature of Owner/Contractor/Officer(s) of Corporation

06-28-24
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: Alon Mandoza / Permitting Specialist Date: 06-28-24