



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: Carlos Castillo Date 10-24-2024
Site Address: 2142 Baileys Crossroads Rd. Coats NC 27504 Phone (919)449-6606
Subdivision: _____ Lot LT 1
Description of Proposed Work: MASTER BEDROOM ADDITION Total Job Cost 30,000

General Contractor Information

RealCare Remodeling LLC (919)720-2371
Building Contractor's Company Name Telephone
14 Hemlock Ct. Angier NC 27501 realcareremodeling@gmail.com
Address Email Address
n/a **HEATED SQ FT** 430 **GARAGE SQ FT** _____
License # _____

Electrical Contractor Information

Description of Work General Electrical lighting/outlets Service Size: 4 Amps T-Pole: Yes No
Tri-Regional Electric (919)796-2761
Electrical Contractor's Company Name Telephone
48 Priscilla Ln. Fuquay-Varina NC 27526 _____
Address Email Address
20336-L _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work General Master bedroom & Bathroom HVAC
A&K Heating and Air (919)423-4552
Mechanical Contractor's Company Name Telephone
n/a akhvacllc@gmail.com
Address Email Address
34082 _____
License # _____

Plumbing Contractor Information

Description of Work General Bathroom Plumbing # Baths 1
Global Plumbing NC (919)971-3843
Plumbing Contractor's Company Name Telephone
91 Dusty Ln Coats NC 27521 _____
Address Email Address
24491 _____
License # _____

Insulation Contractor Information

RealCare Remodeling LLC, 14 Hemlock Ct. Angier NC 27501 (919)720-2371
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.

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

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: _____ Date: _____