



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: Brian Albright Date 1-14-2025
Site Address: 525 Hobson Rd Dunn, 28334 Phone 919-710-6924
Subdivision: _____ Lot _____
Description of Proposed Work: pool cabana Total Job Cost 75,000

General Contractor Information

Ashley C Ivey
Building Contractor's Company Name 919-669-5195 Telephone
9255 Raleigh Rd, Benson, NC 27504 Email Address iveyswoodworksinc@icloud.com
Address
59646 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work sub panel + cabana Service Size: 100 Amps T-Pole: Yes No
RA Jackson Electric, Inc Telephone 919 730 1251
Electrical Contractor's Company Name
9261 Raleigh Rd Benson, NC 27504 Email Address Rajackson Electric, Inc@hotmail.com
Address 08/31/2025
21144 SP-SFD
License #

Mechanical/HVAC Contractor Information

Description of Work exhaust fan
Beasley Heating & Air Inc Telephone 919 894 4248
Mechanical Contractor's Company Name
57 Wc Beasley lane Coats, NC 27521 Email Address Beasleyshvac@aol.com
Address
9497
License #

Plumbing Contractor Information

Description of Work... _____ # Baths 1
Celeys Quality Services LLC Telephone 919 938 1813
Plumbing Contractor's Company Name
636 old roberts Rd Benson, NC 27504 Email Address schedule@celeys.com
Address
32853
License #

Insulation Contractor Information

Carolina Spray Foam Telephone 919-820-0434
Insulation Contractor's Company Name & Address 1023 Denning Rd Benson NC 27504

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

11/14/25
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: *[Signature]*

Date: 11/14/25