



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: Manuela M Sargent Date 03-05-2025

Site Address: 22 Iris Cir. Spring Lake, NC 28390 Phone 910-551-7989

Subdivision: Rolling Springs Sec 02 Lot _____

Description of Proposed Work: See separte sheet for work Total Job Cost \$23,891.90

General Contractor Information

Southeast Foundation and Crawlspace Repair LLC

910-490-4163

Building Contractor's Company Name

Telephone

709 Southwest Blvd Clinton, NC 28328

swarren@sefoundationrepair.com

Address

Email Address

88118

HEATED SQ FT 1375 GARAGE SQ FT n/a

License #

Electrical Contractor Information

Description of Work Installation of 2 outlets for crawlspace Service Size: 35 Amps T-Pole: Yes ☒ No

Ransom Electric LLC

984-242-6713

Electrical Contractor's Company Name

Telephone

128 Glasgow Drive Clayton NC 27520

cre27520@yahoo.com

Address

Email Address

36273

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

n/a

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.

Sitiva Warren/Agent
Signature of Owner/Contractor/Officer(s) of Corporation

03-05-2025
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: Sitiva Warren/Agent Date: 03-05-2025