



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 PermitOwner's Name: **Jeffrey Brown** Date **06-11-2025**Site Address: **PIN: 080653 0126 05** Phone **919-610-4804**

Subdivision: _____ Lot _____

Description of Proposed Work: **Set house on foundation & Trim out** Total Job Cost **\$412,482.00****General Contractor Information****TCC Vanderbuilt LLC****919-718-2760**

Building Contractor's Company Name

Telephone

3300 Jefferson Davis Hwy**joseph.bare@ncmodulars.com**

Address

Email Address

43964**HEATED SQ FT 2433****GARAGE SQ FT**

License #

Electrical Contractor InformationDescription of Work **Electric work** Service Size: **200** Amps T-Pole: ___ Yes ___ No**Carolina Power & Generators****910-585-4883**

Electrical Contractor's Company Name

Telephone

420 Hwy 15/501, Carthage NC 28327**barbie@carolinapowerandgenerators.com**

Address

Email Address

32340

License #

Mechanical/HVAC Contractor InformationDescription of Work **HVAC System****Carolina Air Heating & Cooling****910-947-7707**

Mechanical Contractor's Company Name

Telephone

3700 Hwy 15/501, Carthage NC 28327**Candace@carlinaair.com**

Address

Email Address

34838

License #

Plumbing Contractor InformationDescription of Work **Plumbing** # Baths **2 1/2****HR Curtis Plumbing****919-770-0168**

Plumbing Contractor's Company Name

Telephone

6314 Carbonton Rd, Sanford NC 37330**hrcurtis@windstream.net**

Address

Email Address

10924

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.

TCC Vanderbilt LLC / Joseph A. Bare
Signature of Owner/Contractor/Officer(s) of Corporation

06-11-2025
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: **Joseph A. Bare General Contractor** Date: **06-11-2025**