



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out
by whomever performing work.
Must be owner or licensed
contractor. Address, company
name & phone must match
information on license.

Application for Residential Building and Trades Permit

Owner's Name: Sean Kane Date: 7/18/25
Site Address: 187 Hale Storm Lane Phone: 919-441-0968
Subdivision: _____ Lot: _____
Description of Proposed Work: 26.10 X 56 off frame modular w 6 X 22 front porch

General Contractor Information

TCC Vanderbuilt LLC 919-770-4413
Building Contractor's Company Name Telephone
3300 Jefferson Davis Hwy Sanford NC 27332 woodyhbrv@hotmail.com
Address Email Address
43964

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: ☐ Yes ☐ No
Carolina Power & Generators Inc. 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 Information

Description of Work _____
Sure Temp Mechanical (919) 777-0668
Mechanical Contractor's Company Name Telephone
3105 Hal Siler Dr, Sanford, NC 27332 support@suretemphvac.net
Address Email Address
13957

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2
HR Curtis 919-770-0168
Plumbing Contractor's Company Name Telephone
6314 Caribton Rd Sanford NC 27330 hrcurtis@windstream.net
Address Email Address
10924

License # _____

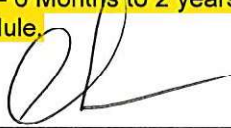
Insulation Contractor Information

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.



7/18/25

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.

☒

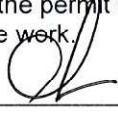
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

☐

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:

 Officer Agent

Date:

7/18/25