



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

Application # _____

* Each section below to be filled out by whomever performing work. 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 Adbo Alammari Date 4/22/25
Site Address 177 Chedworth Dr Angier NC Phone: 910 514 0569
Subdivision _____ Lot _____

Description of Proposed Work install new Bathroom in this space Total Job Cost \$21,500
GC +1250 \$22,750.00
General Contractor Information

Building Contractor's Company Name Home Pro Solutions LLC Telephone 919 756-0465
Address 310 WK St Erwin NC Email Address _____

License # _____ HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work Roughin - bathroom exhaust receptical & closet light. Service Size: 200 Amps T-Pole _____ Yes ☒ No
(Jareds electrical service) Telephone 910-818-7800

Electrical Contractor's Company Name _____ Telephone Jared.berina@gmail.com
Address 111 Killington Place durm, NC Email Address _____
#33975 Job cost \$1250.00

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work installing New Bathroom # Baths _____
Dell Haire Plumbing LLC Telephone 910 699 5224

Plumbing Contractor's Company Name _____ Telephone _____
Address PO Box 65048 Fayetteville NC 28312 Email Address Service.dellhaire.mgmt@gmail.com

License # 32886 P-1

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.

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

Date

4/22/2025

7/30/25

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

Dell Haire Plumbing
Service Manager

Date

4/22/25