

RESIDENTIAL BUILDING APPLICATION

Site Address: 424 Colonist Place Cameron, NC **PIN:** 9594-59-5359.000
Owner: Cheryl Robinson **Phone:** (848) 219-0490 **Email:** robinson1417@yahoo.com
Description of Proposed Work: Residential Fire Restoration Remodel **Total Job Cost:** \$280,000

GENERAL CONTRACTOR INFORMATION

*** Must be owner or licensed contractor. Address, company name & phone must match information on license.**

Jenkins Services, Inc. (919)-210-2394
General Contractor's Company Name Phone
2205 Westinghouse Blvd Ste 102, Raleigh, NC cflores@jenkinsrestorations.com
Address Email
70380
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Re-wiring HVAC System and Install Light Fixtures Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Mandolin HVAC and Construction, LLC 919-802-3333
Electrical Contractor's Company Name Phone
125-107 Gresham Lake Rd, Raleigh NC terrence@mandolinhvac.com
Address Email
21562
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Replace all HVAC Ducts and Main System.
Mandolin HVAC and Construction, LLC 919-802-3333
Mechanical Contractor's Company Name Phone
3125-107 Gresham Lake Rd, Raleigh, NC terrence@mandolinhvac.com
Address Email
33458
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: Replace plumbing fixtures # of Fixtures: 3
Mandolin HVAC and Construction, LLC 919-802-3333
Plumbing Contractor's Company Name Phone
3125-107 Gresham Lake Rd Raleigh, NC terrence@mandolinhvac.com
Address Email
6593
License # _____


INSULATION CONTRACTOR INFORMATION

LiveGreen Inc. (919) 453-6411
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

5/8/25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

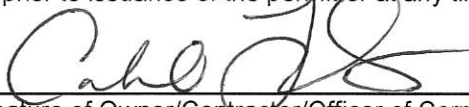
The undersigned applicant being the:

☒ General Contractor ☐ Owner ☐ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

5/8/25

Date