Harnett COUNTY
strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 61 Spring Meadows Ct. **PIN:** 1519-32-0597-000

Owner: Michael Dubois **Phone:** 770-283-4092 **Email:** dnmdubois2003@yahoo.com

Description of Proposed Work: new hybrid pool **Total Job Cost:** $40,000

GENERAL CONTRACTOR INFORMATION

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

Piedmont Spa & Pool Service — General Contractor's Company Name
336-580-4271 — Phone
9226 W. Market St. Colfax, NC 27235 — Address
piedmontspaandpool@gmail.com — Email
L.105176 — License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Electrical for swimming pool
Service Size: 200 Amps T-Pole: YES ☐ NO ☒
Alpine Electric of Raleigh — Electrical Contractor's Company Name
919-625-6388 — Phone
1046 East Justin Dr. Garner, NC 27529 — Address
alpine2018@gmail.com — Email
21763-00-U — License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____

Mechanical Contractor's Company Name — Phone

Address — Email

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____

Plumbing Contractor's Company Name — Phone

Address — Email

License #

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name — Phone

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA

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.

Amber Belangra
Signature of Owner/Contractor/Officer of Corporation

5.20.25
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.

Amber Belangra
Signature of Owner/Contractor/Officer of Corporation

5.20.25
Date