

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: 700 docs ad lillington, NC 27546	
Owner: Kirsten and Joe mys! Phone: 919 448 40	107 Email: Kirsten m 418 @ gmail.com
Description of Proposed Work: New home installe	-tion Total Job Cost\$ 305,000
Description of Frequency and Transfer and Tr	
GENERAL CONTRACTOR INFORMATION	
* Must be owner or licensed contractor. Address, company name & phone must match information on license.	
Vanderbuilt LLC	919-718-2760
Company Nama	Phone
3030 Tefferson days truy sandford	Sales@nc modulors. (om Email
Address 9, 27332	Email
License #	
ELECTRICAL CONTRACTOR INFORMATION	
Description of Work: Power	Service Size: 200 Amps T-Pole: YES □ NO 🕱
Electrical Contractor's Company Name 28327	910 585 4883
Electrical Contractor's Company Name	Phone
-carcina power and generators Address	N/A Email
3234 U	
License #	
MECHANICAL/HVAC CONTRACT	TOR INFORMATION
Description of Work: heading and cooling system	
Description of Work: 1000 1000	610 111 4527 6 610 751-822
Mechanical Contractor's Company Name	910 - 661 - 4537 Cr 910 781 -822
carolina air heating and cooling	Email
Address 38	Email
License #	
PLUMBING CONTRACTOR INFORMATION	
05	1()
Description of Work: Plumbing senior	# of Fixtures:
HR curt's Plumbins Plumbing Contractor's Company Name	919 770 0168 Phone
1314 carbonton Rol Sanford, n C Address 27330	NIA
	Email
10924	
License # INSULATION CONTRACTOR	RINFORMATION
INSULATION CONTRACTOR	. 1
NA	Phone
Insulation Contractor's Company Name	FILCITE



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 5-16-25 Date		
Signature of Owner/Contractor/Officer 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		
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.		
5-16-25		
fignature of OwnerContractor/Officer of Corporation 5-16-25 Date		