

## RESIDENTIAL BUILDING APPLICATION

Site Address: 301 oakridge Duncan Rd PIN: 645111127  
Owner: Debra Lewter Phone: 919-906-4889 Email: \_\_\_\_\_  
Description of Proposed Work: Deck with Screen Porch Total Job Cost: 20,000.00

### GENERAL CONTRACTOR INFORMATION

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

Dennis McHaurin 919 417 9141  
General Contractor's Company Name Phone  
7527 Christian light Rd Fuquay  
Address NC 27526 Email  
29421  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Lights & Fan Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☒  
Joseph Michael Fredley 919 390 6302  
Electrical Contractor's Company Name Phone  
1635 Farrell Rd Sanford N.C 27330  
Address Email  
32169  
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 \_\_\_\_\_



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.**

Donnis McLauren owner  
Signature of Owner/Contractor/Officer of Corporation

4/13/25  
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.

Donnis McLauren owner  
Signature of Owner/Contractor/Officer of Corporation

4/13/25  
Date