



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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 PermitOwner's Name: Carmen and Jose Rubio Date: _____Site Address: 291 Knight rd Broadway N.C 27505 Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Remodel Total Job Cost: 120,000**General Contractor Information**Ricardo Rodriguez Mendoza

Building Contractor's Company Name

3340 Harward dr Sanford N.C 27332

Address

101771

License #

HEATED SQ FT _____ GARAGE SQ FT 0

Telephone

ricardo.8777@yahoo.com

Email Address

Electrical Contractor InformationDescription of Work all new electricity Service Size: _____ Amps T-Pole: _____ Yes _____ NoWester t Pace Electric INC

Electrical Contractor's Company Name

614 Leslie rd Sanford N.C 28321

Address

12007-U

License #

(919) 449-3946

Telephone

Email Address

Mechanical/HVAC Contractor InformationDescription of Work all new heat and airD+D HVAC LLC

Mechanical Contractor's Company Name

605 Chatham st Sanford N.C 27330

Address

23371

License #

(919) 628-2183

Telephone

Email Address

Plumbing Contractor InformationDescription of Work all new PlumbingMcDonald Plumbing

Plumbing Contractor's Company Name

5321 Swanns station Rd Sanford N.C

Address

11824

License #

Baths 2 1/2(919) 770-0773

Telephone

Email Address

Insulation Contractor InformationInsulating INC 1827 Jefferson Davis Hwy (919) 776-4138

Insulation Contractor's Company Name & Address

Sanford N.C

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.

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

06-24-25
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

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: Ricardo Rodriguez Date: 06-24-25