

## RESIDENTIAL BUILDING APPLICATION

Site Address: 380 Wheeler Dr. Angier NC PIN: 0663-54-4566  
Owner: Mellen Properties Phone: 919-628-5345 Email: gideonusmc27@gmail.com  
Description of Proposed Work: add laundry room, finish <sup>room in</sup> basement Total Job Cost: 35,000  
replace HVAC, new deck

### GENERAL CONTRACTOR INFORMATION

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

Homeowner 919-623-5345  
General Contractor's Company Name Phone  
263 Bluegrass Ct. Angier NC gideonusmc27@gmail.com  
Address Email  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: add Electric in wall & in laundry room Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☒  
Electrical Xperts 919-369-2117  
Electrical Contractor's Company Name Phone  
71 Mistywood Dr. Electricalxperts@aol.com  
Address Email  
22689-L  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New HVAC unit and new ducts (previous ones were wrong size)  
1800 plumbing & Air 252-382-0411  
Mechanical Contractor's Company Name Phone  
521-D Wharriect. Raleigh j.valenciaaca@gmail.com  
Address Email  
36994  
License #

### PLUMBING CONTRACTOR INFORMATION


Description of Work: add washing machine # of Fixtures: 1  
Mennella & Sons 919-820-6881  
Plumbing Contractor's Company Name Phone  
2273 Baileys Crossroads, Coats, NC mennellaandsonplumbing@gmail.com  
Address Email  
PI # 22893  
License #

### INSULATION CONTRACTOR INFORMATION

N/A  
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

7-14-2025  
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:

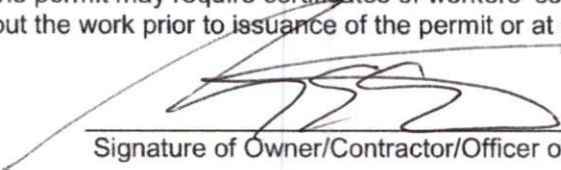
\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_ 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

7-14-2025  
Date