

RESIDENTIAL BUILDING APPLICATION

Site Address: Hicks Road, Broadway Nc 27505 PIN: 130612001209
Owner: Micah Hash Phone: 919-935-5031 Email: mhashr15@gmail.com
Description of Proposed Work: Modular Home Total Job Cost: \$263,900.00

GENERAL CONTRACTOR INFORMATION

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

TCC Vanderbuilt LLC 919-718-2760
General Contractor's Company Name Phone
3300 Jefferson Davis Hwy, Sanford Nc 27332 joseph.bare@ncmodulars.com
Address Email
43964
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Electrical Service Size: 200 Amps T-Pole: YES ☐ NO ☐
KMS Electrical LLC 919-499-3994
Electrical Contractor's Company Name Phone
63 Mercy Lane, Broadway Nc 27505 dhash1963@gmail.com
Address Email
23349L
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: HVAC
Fields & Fowler 910-773-6871
Mechanical Contractor's Company Name Phone
7718 Nc Hwy, Carthage Nc 29327 mike@centerheat.com
Address Email
26644
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Plumbing # of Fixtures: _____
HR Curtis Plumbing 919-770-0168
Plumbing Contractor's Company Name Phone
6314 Caribton Rd, Sanford Nc 27330 hrcurtis@windstream.net
Address Email
10924
License #

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



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.

Joseph A. Bare

Signature of Owner/Contractor/Officer of Corporation

07/25/2025

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.

Joseph A. Bare

Signature of Owner/Contractor/Officer of Corporation

07/25/2025

Date