



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: 240 Nick McLean Rd PIN: 120005650400
Owner: James Quick Phone: 910-964-1384 Email: Quicksrad@aol.com
Description of Proposed Work: 41X72 off frame modular Total Job Cost: \$419,126.00

GENERAL CONTRACTOR INFORMATION

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

TCC Vanderbeult LLC 919-720-4413
General Contractor's Company Name Phone
3300 Jefferson Davis Hwy Sanford NC 27332 Woody hbr@Hotmail.com
Address 43964 Email
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Carolina Power and Generators Inc. Service Size: 200 Amps T-Pole: YES ☐ NO ☐
Electrical Contractor's Company Name 910-585-4883
420 Hwy 15/501 Carthage NC 28327 Phone
Address 32340 Email barbie@carolinapowerandgenerators.com
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Carolina Air Heat & Cool Inc 910-947-7707
Mechanical Contractor's Company Name Phone
3700 Hwy 15/501 Carthage NC 28327 Candace@carolina air.com
Address 34838 Email
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: HR Curtis # of Fixtures: _____
Plumbing Contractor's Company Name 919-720-0168
6314 Carbon ton Rd Sanford NC 27330 Phone
Address 10924 Email HR Curtis@windstream.net
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.



Signature of Owner/Contractor/Officer of Corporation

7/24/25

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

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

7/24/25

Date