

RESIDENTIAL BUILDING APPLICATION

Site Address: 739 Oak Grove Church Rd. PIN: 110681 0029
Owner: Douglas Moore Phone: 919.291.6390 Email: doug@myncland.com
Description of Proposed Work: In ground pool Total Job Cost: \$27,000.00

GENERAL CONTRACTOR INFORMATION

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

Douglas Moore - Owner 919.291.6390
General Contractor's Company Name 739 Oak Grove Church Rd. Angier, NC 27501 Phone doug@myncland.com
Address 739 Oak Grove Church Rd. Angier, NC 27501 Email doug@myncland.com
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Pool installation Service Size: Amps T-Pole: YES ☐ NO ☒
Mabry's Electrical 919.639.4837
Electrical Contractor's Company Name 731 Mabry Rd. Angier, NC 27501 Phone
Address 731 Mabry Rd. Angier, NC 27501 Email
15077-U
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.


Signature of Owner/Contractor/Officer of Corporation

8-12-2025
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

8-12-2025
Date