



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: 2817 Carolina Way PIN: _____
Owner: Ellen Gedden Phone: 910 333 4842 Email: ellenegedden@gmail.com
Description of Proposed Work: Renovation of kitchen & home from live Total Job Cost: \$35,000.00
we are moving cabinet, painting home, replacing floor. (see scope attached)

GENERAL CONTRACTOR INFORMATION

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

Showcase Restoration Phone: 910 864 0911
General Contractor's Company Name
PO Box 47 Fayetteville NC 28302 Email: ap@911showcase.com
Address
60267
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: moving electric for new cabinet layout Service Size: 200 Amps T-Pole: YES ☐ NO ☒
C Tech Contractor Phone: 910 229 8461
Electrical Contractor's Company Name
404 Hopewell Rd C2 Fayetteville NC 28304 Email: ctechelectrical@yahoo.com
Address
194252
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: move sink & dishwasher line for new cabinet layout # of Fixtures: 2
Cobra Plumbing & Construction Phone: 910 854 8702
Plumbing Contractor's Company Name
3315 Eastwood Ave NC 28301 Email: cobra19622014@gmail.com
Address
33798
License #

INSULATION CONTRACTOR INFORMATION

Showcase Restoration Phone: 910 864 0911
Insulation Contractor's Company Name

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

7-18-2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

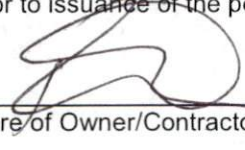
The undersigned applicant being the:

☒ 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

7-18-2025
Date