



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: 298 Dove Rd. Cameron, NC 28326 PIN: 9546-85-1128.000  
Owner: Umaben Patel Phone: 470-941-4466 Email: umapatelm@gmail.com  
Description of Proposed Work: Enclosing existing rear porch to create Total Job Cost: \$19,000  
Conditioned living space

### GENERAL CONTRACTOR INFORMATION

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

New Castle Contractors, LLC 910-978-9797  
General Contractor's Company Name Phone  
249 New Castle Ln. Spring Lake, NC 28390 newcastlecontractorsnc@gmail.com  
Address Email  
86904  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Relocate existing electrical outlets  
and switches to new walls Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☐  
Pigtail Electric LLC 919-915-2695  
Electrical Contractor's Company Name Phone  
370 Slapout Rd. Mount Olive, NC 28365 pigtail11c@gmail.com  
Address Email  
366666  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Add new air conduit to the new room  
Certified Heating & Air Conditioning 910-858-0000  
Mechanical Contractor's Company Name Phone  
P.O. Box 1071 Hope Mills, NC 28348 certifiedheatingandair11c@gmail.com  
Address Email  
20012  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_  
N/A  
Plumbing Contractor's Company Name Phone  
Address Email  
License #

### INSULATION CONTRACTOR INFORMATION

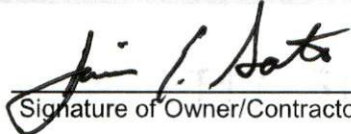
Cumberland Insulation Co. 910-484-7118  
Insulation Contractor's Company Name Phone  
4205 Clinton Rd. Fayetteville, NC 28312

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

Sept 15, 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

Sept 15, 2025

Date