



CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 526 Mclamb Rd Coats NC 27521 **PIN:** 0680-83-4159.000

Owner: Alexander Turlington **Phone:** 910-890-7264 **Email:** Alexander.turlington@gmail.com

Description of Proposed Work: Open exterior wall and build addition **Total Job Cost:** \$38,630.00

GENERAL CONTRACTOR INFORMATION

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

New Generation Contractors llc

General Contractor's Company Name

po box 129 Dunn NC 28334

Address

103702

License #

9102922209 office -- 9103363886 cell
Phone
Edgar.newgen@gmail.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Rough in and Trimout for addition Service Size: _____ Amps T-Pole: YES ☐ NO ☒

Patrick Electrical Contractors, LLC
Electrical Contractor's Company Name
1309 N. Main Street Lillington, NC 27506
Address
4910U
License #

910-237-1594

Phone

Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____

Mechanical Contractor's Company Name _____

Address _____

License # _____

Phone _____

Email _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____

Plumbing Contractor's Company Name _____

Address _____

License # _____

Phone _____

Email _____

INSULATION CONTRACTOR INFORMATION

New Generation Contractors LLC
Insulation Contractor's Company Name

910-292-2209

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

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

8/18/2025

Date