

## RESIDENTIAL BUILDING APPLICATION

**Site Address:** 407 W D St Erwin NC 28339 **PIN:** 0597-42-9813.000

**Owner:** Compro Properties LLC **Phone:** 919-7457-7020 **Email:** office@comproproperties.com  
General cosmetic rehab, new roof, electrical & plumbing upgrades, New F

**Description of Proposed Work:** finish 3rd bed and 2nd bathroom. **Total Job Cost:** \$58,000

### GENERAL CONTRACTOR INFORMATION

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

|                                           |                             |
|-------------------------------------------|-----------------------------|
| <u>Sanchez and son construction LLC</u>   | <u>919-896-1444</u>         |
| General Contractor's Company Name         | Phone                       |
| <u>3222 Dove Tree Ln Raleigh NC 27610</u> | <u>ssconstrnc@gmail.com</u> |
| Address                                   | Email                       |
| <u>105331</u>                             |                             |
| License #                                 |                             |

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: House rewire, upgrade meter base, upgrade panel Service Size: 200 Amps T-Pole: YES ☐ NO ☒

|                                           |                                 |
|-------------------------------------------|---------------------------------|
| <u>LUZ Electric LLC</u>                   | <u>919-592-6249</u>             |
| Electrical Contractor's Company Name      | Phone                           |
| <u>4209 Bruce Dr Wake Forest NC 27587</u> | <u>Luzelectric.nc@gmail.com</u> |
| Address                                   | Email                           |
| <u>34560</u>                              |                                 |
| License #                                 |                                 |

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Complete installation and duct work, 2.5 Goodman heat pump, exhaust bathrooms, dryer and kitchen.

|                                      |                               |
|--------------------------------------|-------------------------------|
| <u>Air Kings Heating and Air</u>     | <u>919-754-7644</u>           |
| Mechanical Contractor's Company Name | Phone                         |
| <u>Goldsboro NC</u>                  | <u>airkingshvac@gmail.com</u> |
| Address                              | Email                         |
| <u>33988</u>                         |                               |
| License #                            |                               |

### PLUMBING CONTRACTOR INFORMATION

Description of Work: Move kitchen sink, washer, bathroom sink in master to desired location and reconfiguring hall bathroom to accommodate owners needs # of Fixtures: 8

|                                          |                                |
|------------------------------------------|--------------------------------|
| <u>M&amp;R Plumbing contractor LLC</u>   | <u>252-366-4490</u>            |
| Plumbing Contractor's Company Name       | Phone                          |
| <u>7058 Jaycross Rd Fremont NC 27830</u> | <u>mnrplumbing16@gmail.com</u> |
| Address                                  | Email                          |
| <u>36471</u>                             |                                |
| License #                                |                                |

### INSULATION CONTRACTOR INFORMATION

|                                      |                     |
|--------------------------------------|---------------------|
| <u>AM renovations LLC</u>            | <u>910-605-7818</u> |
| 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

9/18/25

\_\_\_\_\_  
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:

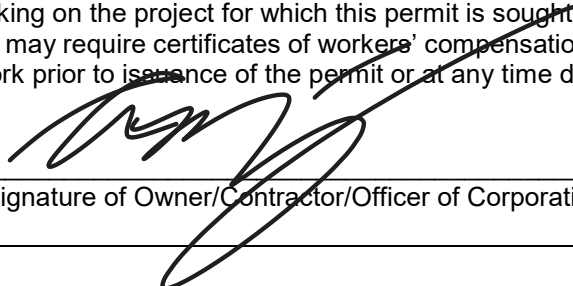
\_\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_\_ 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

9/18/25

\_\_\_\_\_  
Date