



RESIDENTIAL BUILDING APPLICATION

Site Address: 164 Woodrow McDuffie Lane, Sanford 27332 **PIN:** 03958701-0366

Owner: Dennis Dailey **Phone:** 757-717-9671 **Email:** damesres@gmail.com

Description of Proposed Work: Widen two existing walls and make cosmetic improvements throughout **Total Job Cost:** \$118,000.00

GENERAL CONTRACTOR INFORMATION

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

Atwater GC Professional Services	919-454-5256
General Contractor's Company Name	Phone
1249 Kildaire Farm Rd #179, Cary NC 27511	gcprofsvcs@gmail.com
Address	Email
L101836	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Swap out existing lights	Service Size: 200 Amps	T-Pole: YES ☐ NO ☒
Action Electric	910-476-6586	
Electrical Contractor's Company Name	Phone	
2009 Ramsey Street, Fayetteville NC 28301	actionone88@gmail.com	
Address	Email	
19277L		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Change out damaged ductwork	
Innovative Builds	910-884-6985
Mechanical Contractor's Company Name	Phone
1102 Waddell Street, Fayetteville NC 28314	dcdrummond215@gmail.com
Address	Email
15247 H-3 Class 1	
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: Install new bathroom and kitchen fixtures	# of Fixtures: 8
Pipe Boss Plumbing	910-635-9981
Plumbing Contractor's Company Name	Phone
510 Halifax Drive, Fayetteville NC 28303	pipeboss910@gmail.com
Address	Email
L35605	
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.

DocuSigned by:

Spring Atwater

10/10/2025

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.

DocuSigned by:

Spring Atwater

10/10/2025

Signature of Owner/Contractor/Officer of Corporation

Date