

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

RESIDENTIAL BUILDING APPLICATION

Site Address: 581 Magnolia Acres LN, Frayay Var	ina PIN: 0633-04-3186
Site Address: 581 Magnolia Acres LN., Frayay Var. Owner: Sam & Jennifer McKel Phone: 403-700-8	140 Email: jennimckee@bellsouth.ne
Description of Proposed Work: (ONSTRUCTION OF 2 NEW ING SWIMMING POOL (35 × 15 5 5); INCLUDES COPH GENERAL CONTRACTOR II	g and 1500 sq. ft of paver decking
* Must be owner or licensed contractor. Address, company name	e & phone must match information on license.
Jim Hinson Pools, LLC.	919-779-2062
General Contractor's Company Name 5813 Lesse LN., Politigh, NC 27617 Address 84027	plar permits @ pools-world.
License #	
ELECTRICAL CONTRACTOR	INFORMATION
Description of Work: Bond wire / Pool Equipment	Service Size: <u>50</u> Amps T-Pole: YES □ NO □
Marciali Electric	(252) 5E7-5240
Electrical Contractor's Company Name	Phone
12440 N. Exeter Way, Durham, NC 27703	marsigli electric @gmail.com
36111	Linai
License #	
MECHANICAL/HVAC CONTRACT	TOR INFORMATION
Description of Work:	
Mechanical Contractor's Company Name	Phone
Address	Email
License #	
PLUMBING CONTRACTOR I	NFORMATION
Description of Work:	# of Fixtures:
Plumbing Contractor's Company Name	Phone
	W 40140400
Address	Email
License #	
INSULATION CONTRACTOR	INFORMATION
Insulation Contractor's Company Name	Dhana
mediation 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-REES 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 10 3 25	
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 Date 10/3/25	