

RESIDENTIAL BUILDING APPLICATION

Site Address: 303 W. East St Erwin NC 28339 PIN: _____
Owner: Bryan Fisher Phone: (910) 723-1576 Email: Bryanfishershomepros.com
Description of Proposed Work: Full home renovation Total Job Cost: \$140,000
sixty thousand

GENERAL CONTRACTOR INFORMATION

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

FHP Contracting, LLC 910-723-1576
General Contractor's Company Name Phone
1010 Marlborough Rd Fayetteville Bryanfishershomepros.com
Address NC 28334 Email
106995
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: redo all electrical switches, outlets Service Size: _____ Amps T-Pole: YES ☒ NO ☐
LS Solis electric 910-416-4537
Electrical Contractor's Company Name Phone
1853 Murgun J Rd Shannon Solisj2414@gmail.com
Address NC, 28386 Email
L-36143
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: 2.5 ton system w/ducting
Andrew Peyton Morris (910) 823-1620
Mechanical Contractor's Company Name Phone
4901 Werness Dr Fayetteville apmorris1214@gmail.com
Address 37469 Email
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Re-doing all new fixtures # of Fixtures: 8
Wayne Taylor Plumbing 910-777-9398
Plumbing Contractor's Company Name Phone
7318 Hyannis Dr Fayetteville dwaynetaylorplumbing@yahoo.com
Address P-118206 Email
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.

Bryan Fisher
Signature of Owner/Contractor/Officer of Corporation

09/23/25
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.

Bryan Fisher
Signature of Owner/Contractor/Officer of Corporation

09/23/25
Date