



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 66 (mailing)
Lillington, NC 27646

RESIDENTIAL BUILDING APPLICATION

Site Address: 1916 Alder Way, Angier, NC 27501 PIN: 0693-00-8290.000
Owner: Baiamonte, Stephen and Molly Phone: 708-295-1269 Email: sbaiamonte92@gmail.com
Description of Proposed Work: installing inground concrete swimming pool with decking Total Job Cost: \$118,000

GENERAL CONTRACTOR INFORMATION

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

BDL Construction 704 302 4100
General Contractor's Company Name Phone
45 Happy Acres Drive, Stateville, NC tanahy@ppas.com
Address Email
L105893 28625
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Electrical for inground pool Service Size: _____ Amps T-Pole: YES ☐ NO ☐
NEC Power Electric 919-812-1024
Electrical Contractor's Company Name Phone
117 Wild Blossom Drive, Apex neidi@necpower.com
Address Email
U.28370
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A
Mechanical Contractor's Company Name Phone
Address Email
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: N/A # of Fixtures: _____
Plumbing Contractor's Company Name Phone
Address Email
License #

INSULATION CONTRACTOR INFORMATION

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.

Taylor Hatter

Signature of Owner/Contractor/Officer of Corporation

10/20/2025

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.

Taylor Hatter

Signature of Owner/Contractor/Officer of Corporation

10/20/2025

Date