

## RESIDENTIAL BUILDING APPLICATION

Site Address: 86 PARTIN ROAD, DUNN PIN: \_\_\_\_\_  
Owner: ENRIQUE ACEVEDO Phone: 570-517-6003 Email: EACE261@GMAIL.COM  
Description of Proposed Work: INTERIOR REPAIRS DUE TO FIRE Total Job Cost: 148,071

### GENERAL CONTRACTOR INFORMATION

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

NC CONSTRUCTION SERVICES, INC. 919-369-2072  
General Contractor's Company Name Phone  
200-123 POWELL DR., RAL. 27606 KARL@NCCONSTRUCTIONSERVICES,  
Address Email  
57642 COM  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: RE-WIRE HOUSE, REPLACE PANEL Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
RJ WIGGINS ELECTRICAL 919-353-8862  
Electrical Contractor's Company Name Phone  
2054-170 KILDAIRE FARM RD, CARY RJWIGGINS@RJWIGGINS.COM  
Address Email  
19980-L  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: REPLACE DUCT IN CRAWLSPACE  
CARTER HEATING & AIR 919-915-1072  
Mechanical Contractor's Company Name Phone  
9745 TEN TEN, RAL. CARTERHEATING@GMAIL.COM  
Address Email  
12308  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: CONNECT KITCHEN SINK & DISHWASHER # of Fixtures: 2  
AXIS PLUMBING 919-607-1059  
Plumbing Contractor's Company Name Phone  
612 WILKINGHAM RD, MORRISVILLE AXISPLUMBING3@GMAIL.COM  
Address Email  
P1-31423  
License #

### INSULATION CONTRACTOR INFORMATION

TRI CITY INSULATION 919-896-4581  
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.**

W. Karl Hunt  
Signature of Owner/Contractor/Officer of Corporation

10/28/2025  
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.

W. Karl Hunt  
Signature of Owner/Contractor/Officer of Corporation

10/28/2025  
Date