

RESIDENTIAL BUILDING APPLICATION

Site Address: 47 Strike Eagle Dr, Broadway, NC 27505 **PIN:** 9597-10-2216.000

Owner: Tristan Sheldon **Phone:** (775) 432-5991 **Email:** tristan.l.sheldon@gmail.com

Description of Proposed Work: Repair vehicle damage to wall and foundation **Total Job Cost:** \$19,000

GENERAL CONTRACTOR INFORMATION

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

Karcher Roofing LLP	(910) 364-5890
General Contractor's Company Name	Phone
3940 Yarborough Rd, Hope Mills, NC 28348	cbouchard@karcherroofing.com
Address	Email
106137	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: R&R Electrical meter and main panel	Service Size: 200 Amps	T-Pole: YES ☐ NO ☒
Savant Solutions	(910) 973-8600	
Electrical Contractor's Company Name	Phone	
3947 Dunn Rd, Fayetteville, NC 28312	jacob@savantnc.com	
Address	Email	
U.36332		
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

N/A	
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.

CM Bouchard

Signature of Owner/Contractor/Officer of Corporation

11/7/2025

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.

CM Bouchard

Signature of Owner/Contractor/Officer of Corporation

11/7/2025

Date