



strong roots • new growth

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

RESIDENTIAL BUILDING APPLICATION

Site Address: 7932 NC 42 PIN: _____
Owner: Meghan + Ryan Hampton Phone: 724-986-1902 Email: meghan@harnett.nc.gov
Description of Proposed Work: 16x36 inground pool Total Job Cost: 132,000

GENERAL CONTRACTOR INFORMATION

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

Rising Sun Pools
General Contractor's Company Name
5208 Hillsborough St
Address
69887
License #
919-851-9702
Phone
josh@risingsunpools.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: pool lighting & wiring (low voltage) Service Size: 100 Amps T-Pole: YES ☐ NO ☒
Jansens Electrical Service
Electrical Contractor's Company Name
2559 US Hwy 15
Address
23596
License #
919-915-3047
Phone
slott@jansenselectrical.com
Email

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

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.

Betty R. Lee
Signature of Owner/Contractor/Officer of Corporation

11/14/25
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.

Betty R. Lee
Signature of Owner/Contractor/Officer of Corporation

11/14/25
Date