

RESIDENTIAL BUILDING APPLICATION

Site Address: 206 W N Street Erwin NC 28339 **PIN:** 06059710050006

Owner: Villa Casa LLC. **Phone:** 443-845-2223 **Email:** villacasalle@gmail.com

Description of Proposed Work: Remodel Not changing foot print of home **Total Job Cost:** \$75,000
changing flooring/drywall/exterior siding

GENERAL CONTRACTOR INFORMATION

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

<u>Hamlock Construction Inc.</u>	<u>919-995-5892</u>
General Contractor's Company Name	Phone
<u>1213 Narron Farm Road NC 27597</u>	<u>lcklrrc@yahoo.com</u>
Address	Email
<u>78580</u>	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: <u>Re-wire House upgrade to 200 amp</u>	Service Size: <u>200</u> Amps	T-Pole: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>Cerna Electric</u>	<u>919-888-2495</u>	
Electrical Contractor's Company Name	Phone	
<u>2205 Wimberly Wood Drive Sanford NC 27330</u>	<u>cernaelectric.jc@gmail.com</u>	
Address	Email	
<u>U32868</u>		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: <u>Install New Heat Pump Station + Ductwork</u>	
<u>Artic Edge Heating and Cooling LLC</u>	<u>336-389-7400</u>
Mechanical Contractor's Company Name	Phone
<u>925 McClellan Place Greensboro NC</u>	<u>ali@articedgehvac.com</u>
Address	Email
<u>36176</u>	
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____	# of Fixtures: _____
<u>Plumbing Contractor's Company Name</u>	<u>Phone</u>
<u>Address</u>	<u>Email</u>
<u>License #</u>	

INSULATION CONTRACTOR INFORMATION

<u>Insulation Contractor's Company Name</u>	<u>Phone</u>
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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.

Signature of Owner/Contractor/Officer of Corporation

11/22/2025

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.

Signature of Owner/Contractor/Officer of Corporation

11/22/2025

Date