

RESIDENTIAL BUILDING APPLICATION

Site Address: 234 Blanchard Rd. Sanford NC 27332 PIN: _____
Owner: Raymond Shupe Phone: 910-964-5420 Email: R1shupe@gmail.com
Description of Proposed Work: 1,100 sq ft crawl encapsulation Total Job Cost: \$14,216

GENERAL CONTRACTOR INFORMATION

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

72 Degrees
General Contractor's Company Name _____ Phone 919-777-9777
1434 Farrington Rd. Unit D Apex NC 27523 Customair@outlook.com
Address _____ Email _____
31596
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Santa fe dehumidifier Service Size: _____ Amps T-Pole: YES ☐ NO ☐
72 Degrees 919-777-9777
Electrical Contractor's Company Name _____ Phone _____
1434 Farrington Rd. Unit D Apex NC 27523 Customair@outlook.com
Address _____ Email _____
31943
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: 1,100 sq foot crawlspace encapsulation, Santa fe dehumidifier
72 Degrees 919-777-9777
Mechanical Contractor's Company Name _____ Phone _____
1434 Farrington Rd. Unit D Apex NC 27523 Customair@outlook.com
Address _____ Email _____
31596
License # _____

PLUMBING CONTRACTOR INFORMATION

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

INSULATION CONTRACTOR INFORMATION

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.

Amber Lovings
Signature of Owner/Contractor/Officer of Corporation

11/3/2025
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.

Amber Lovings
Signature of Owner/Contractor/Officer of Corporation

11/3/2025
Date