



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name: Frederik Shipley Date 11/26/2025

Site Address: 1015 Stone Cross Dr. Spring Lake, NC 28390 Phone 9104898216

Subdivision: We will encapsulate, replace insulation and seal all
vents and perforations in the crawlspace. Two 20 amp Lot _____

Description of Proposed Work: GFCI outlets will be added to the crawlspace for the
dehumidifier. Total Job Cost 12000.00

General Contractor Information

Groundworks NC LLC - Tarheel Basement Systems 910-550-1061

Building Contractor's Company Name Telephone

1741 Corporate Landing Pkwy. Virginia Beach, VA 23454 raleighaccounting@tarheelbasementsystems.com

Address Email Address

79336 HEATED SQ FT GARAGE SQ FT

License #

Electrical Contractor Information

Description of Work Two 20 amp GFCI outlets will be added to Service Size: 40 Amps T-Pole: Yes X No
the crawlspace for the dehumidifier.

Touchstone Electric 919-670-4015

Electrical Contractor's Company Name Telephone

8601 Six Forks Rd. Raleigh, NC 27601 dispatch@touchstoneelectric.com

Address Email Address

37073

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as 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 any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

11/26/2025

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

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

☐ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

☐ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Production Administrative Assistant

Date: 11/26/2025