



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

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 557 Century Lane Cameron, NC PIN: _____

LANDOWNER: HO QUANG VINH & LU HONG Mailing Address: _____

City: Cameron State: N.C Zip: 28326 Phone: _____ Email: _____

JOB COST (required): \$13,800

DESCRIPTION OF WORK: Replace HVAC Units (2)

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☒ Gas Piping ☐ Other _____

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☒ Other _____

Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐ Number of Fixtures _____ Other _____

CONTRACTOR INFORMATION

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

Scott Service Company
Contractor's Company Name
1621 McArthur Rd. Fayetteville, NC 28311
Address
31436
License #

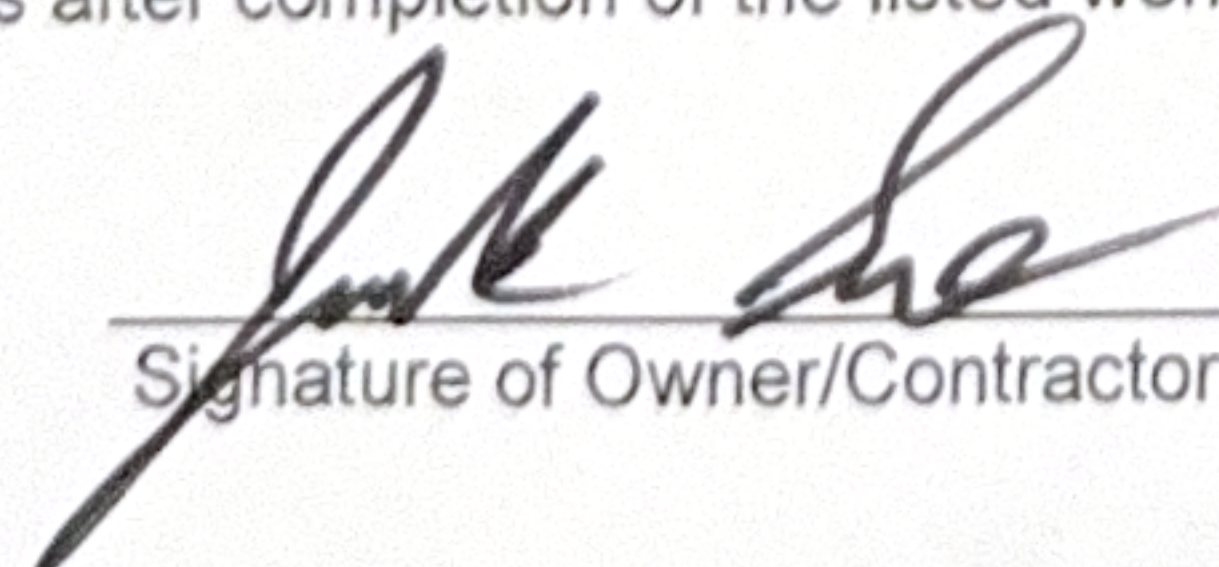
910-309-2270
Phone
ScottServiceCo@hotmail.com
Email

Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:

Turner's Electric of Hope Mills- Bernice Turner
Contractor's Company Name
611 Palmerland Drive Hope Mills, NC 28348
Address
53621
License #

910-624-3379
Phone
beturner43@gmail.com
Email

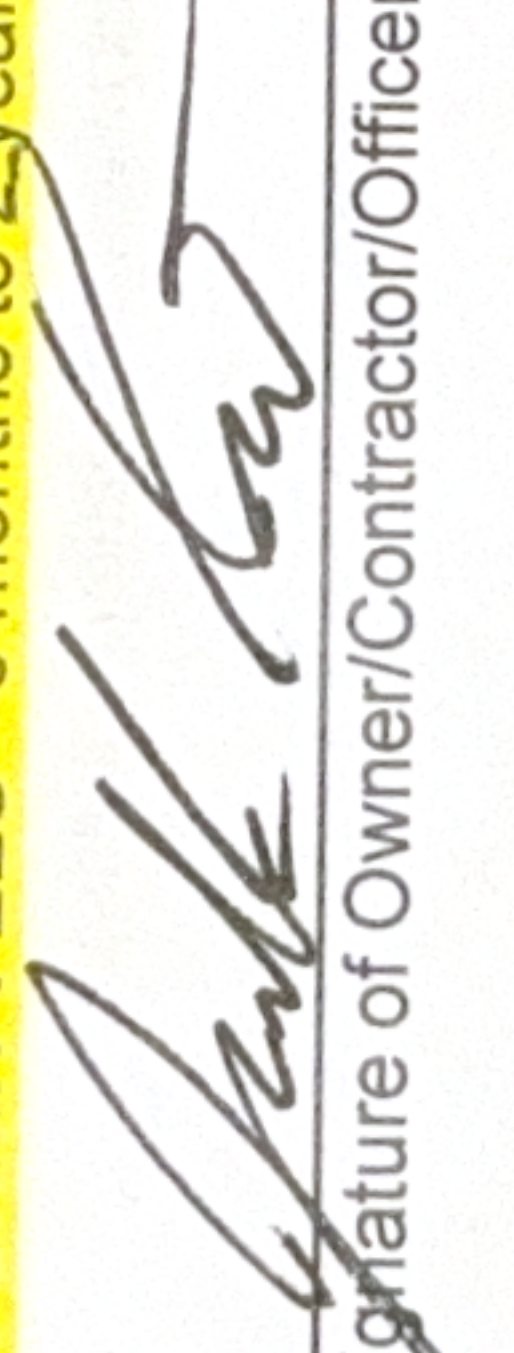
I am the building owner or NC state licensed contractor, which legally entitles me to perform such work on the above structure. I attest that all work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. **By signing this application, I affirm that I have obtained permission from the above listed license holder to purchase permits on their behalf.** If doing the work as owner, I understand that I cannot rent, lease, or sell the listed property for 12 months after completion of the listed work.


Signature of Owner/Contractor

11/26/2025
Date

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

11/26/25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

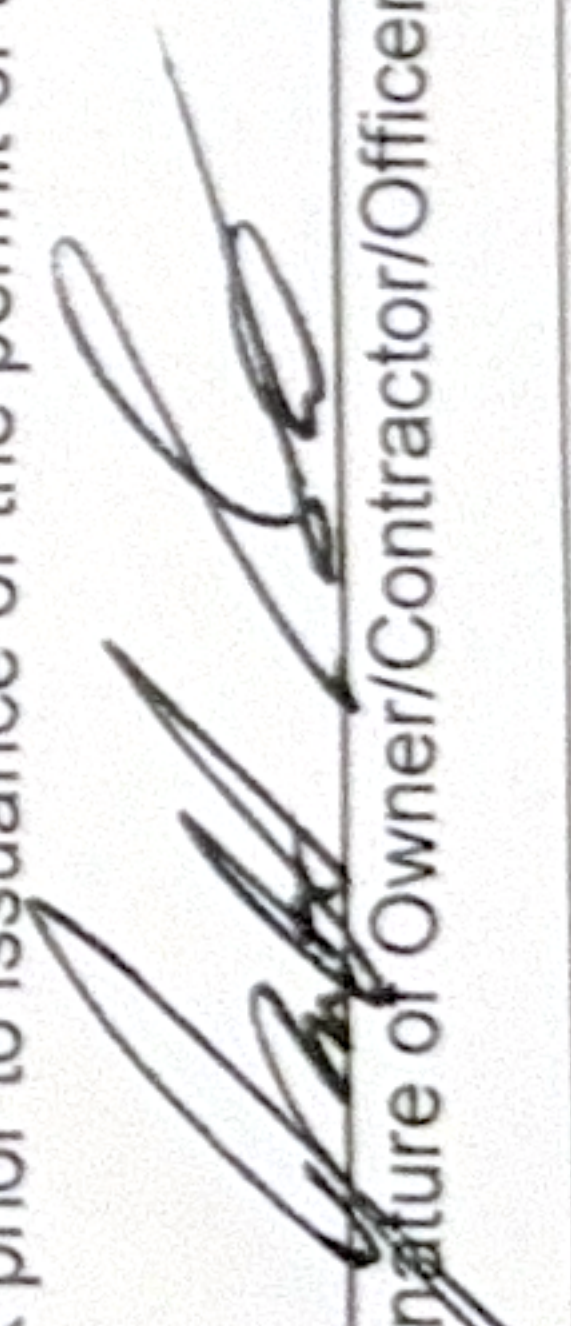
The undersigned applicant being the:

____ 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.



Signature of Owner/Contractor/Officer of Corporation

11-26-25

Date