

RESIDENTIAL BUILDING APPLICATION

Site Address: 557 Century Dr. Cameron, NC PIN: _____

Owner: HO QUANG VINH & LU HONG KIM THI Phone: _____ Email: _____

Description of Proposed Work: HVAC Replacement Total Job Cost: \$7,500.00

GENERAL CONTRACTOR INFORMATION

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

General Contractor's Company Name _____

Phone _____

Address _____

Email _____

License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: HVAC Reconnect

Service Size: _____ Amps T-Pole: YES ☐ NO ☐

Turners Electric of Hope Mills
Electrical Contractor's Company Name _____

(910)-624-3379
Phone _____

411 Palmerland Dr. Hope Mills, NC 28348
Address _____

beturner43@gmail.com
Email _____

53621
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Split Heat Pump Replacement

Scott Service Company
Mechanical Contractor's Company Name _____

(910)-309-2270
Phone _____

1621 Mcarthur Rd. Fayetteville, NC 28311
Address _____

scottserviceco@hotmail.com
Email _____

#31436 H-3
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 _____

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.

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