



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: Mari Noifeld Date 3/3/2023

Site Address: 479 Mineral Springs Lane 27526 Phone _____

Subdivision: Avery Road PH3 Lot 107

Description of Proposed Work: Finish interior of garage add Bathroom Total Job Cost 50,000

General Contractor Information

Carlyle Construction Group LLC / Lori Carlyle Telephone 919/427-0494

Building Contractor's Company Name
2086 Wade Stephenson Rd. Holly Springs, NC Email Address property@carlyle.com

Address 80815 HEATED SQ FT 400 GARAGE SQ FT 400

License # _____

Electrical Contractor Information

Description of Work Finish garage & Bathroom Service Size: 200 Amps T-Pole: Yes No

Beese Electric Telephone 919/369-8728

Electrical Contractor's Company Name
5708 Rock Service Station Rd. Raleigh NC 27603 Email Address beeseelectric@aol.com

Address 22070

License # _____

Mechanical/HVAC Contractor Information

Description of Work Install Mini Split Unit

JC's Heating & Air Telephone 919/968-3060

Mechanical Contractor's Company Name
1539 Wade Stephenson Rd. Holly Springs NC 27540 Email Address jchvac@gmail.com

Address H3-12655

License # _____

Plumbing Contractor Information

Description of Work Add Bathroom # Baths 1

Michael Ray Smith Telephone 919/369-2657

Plumbing Contractor's Company Name
109 Ablitzel Ln. Angier NC 27501 Email Address _____

Address 18200 PI

License # _____

Insulation Contractor Information

General Contractor to provide Telephone 919/427-0494

Insulation Contractor's Company Name & Address

***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

3/3/2023

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:  General Contractor Date: 3/3/2023