



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Clark+Maureen Kent Date: 2/21/25
Site Address: 168 Jacob St. Holly Springs Phone: 919-552-9919
Subdivision: Jonathan Ridge Phase 1 Lot: 15
Description of Proposed Work: Kitchen Remodel Total Job Cost: 73,680.-

General Contractor Information

Dolder Custom Design LLC 860-922-3583
Building Contractor's Company Name Telephone
209 Cde Valley Dr. Cary, NC 27513 DolderCustomDesign@gmail.com
Address Email Address
75887 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ☐ Yes ☐ No
Electron Contracting Corp 908-656-0686
Electrical Contractor's Company Name Telephone
610 Parkington Ln. Cary, NC 27513 davidelectroncorp@gmail.com
Address Email Address
U.33291
License #

Mechanical/HVAC Contractor Information

Description of Work NA
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Modify kitchen plumbing # Baths _____
Upper Echelon Services LLC 919-464-5582
Plumbing Contractor's Company Name Telephone
PO Box 2269 Angier, NC 27501 colin@upperechelonservice.com
Address Email Address
Class 1-33753
License #

Insulation Contractor Information

NA
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

2/21/25
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

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:  (Owner) Date: 2/21/25