

RESIDENTIAL BUILDING APPLICATION

Site Address: 1010 ARROWHEAD RD, DUNN, NC 28334 PIN: 1505-25-3242.000
Owner: VICENTE VALDEZ DAVALOS Phone: 910-709-3139 Email: Vicentevaldezdaalos@yahoo.com
Description of Proposed Work: 809 sqft Addition + existing interior Reno. Total Job Cost: \$130,000

GENERAL CONTRACTOR INFORMATION

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

Tom Nash Contracting, LLC 919-438-9817
General Contractor's Company Name Phone
397 Mt. Vernon Hickory Mountain Rd. Siler City, t.nash.llc@gmail.com
Address NC 27344 Email
L79955
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New electrical for addition, relocate stove + Service Size: 200 Amps T-Pole: YES ☐ NO ☒
Dryer
ON Time Services 919-669-7209
Electrical Contractor's Company Name Phone
286 Pierce Ln. Erwin, NC 28339 hpmaynerjr@gmail.com
Address Email
L-24450
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Relocate and Replace outdoor unit, new duct work throughout addition and connect to duct in
current home
Servimek Mechanical - Electrical Contractors, Inc. 919-370-0724
Mechanical Contractor's Company Name Phone
11927 US 64 W Ste 105, Apex, NC 27523 tservimek@hotmail.com
Address Email
L-35463 (tservimek@hotmail.com)
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: New kitchen, full bath, relocate washer and water heater # of Fixtures: 8
Moses K. Prince 919-842-6267
Plumbing Contractor's Company Name Phone
430 Solomon DeGraffenreidt Rd. Pittsboro, NC 27312 bettycwhite1@aol.com
Address Email
L-12908 mkprinceplbg@yahoo.com
License #

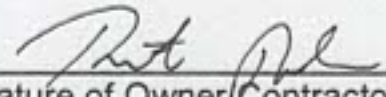
INSULATION CONTRACTOR INFORMATION

JC Claudio Insulation, LLC 919-805-8539
Insulation Contractor's Company Name Phone



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
Quality First Builders, LLC

8/4/2025
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

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

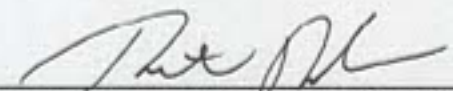
☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ 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

8/4/2025
Date