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

RESIDENTIAL BUILDING APPLICATION

Site Address: 422 Hillandale Road Spring Lake, NC PIN: _____
Owner: Calvin Davis Phone: 910 584 0708²⁸³⁹⁰ Email: cdavis_35@yahoo.com
Description of Proposed Work: Renovation + Addition Total Job Cost: \$115,053.25
(see attached scope of work)

GENERAL CONTRACTOR INFORMATION

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

HSB General Contracting Inc.

General Contractor's Company Name

830 Shadowmoss Drive

Address

101895

License #

910-644-0214

Phone

aharvey@hsgenco.com

Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Install and wire multiple fixtures Service Size: 200 Amps T-Pole: YES ☐ NO ☒

Brown's Electrical Service of Fayetteville

Electrical Contractor's Company Name

162 Cooper St. Fayetteville, NC 28306

Address

16006

License #

910-987-3177

Phone

besof4748@gmail.com

Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Install mini split and relocate duct for addition and Sunroom

Bass Air Conditioning Company Inc.

Mechanical Contractor's Company Name

3261 Natal St. Fayetteville, NC 28306

Address

33586

License #

910-424-3570

Phone

eddie@bass-air.com

Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: Move and install plumbing in accordance to plans # of Fixtures: 2

ABC Plumbing Inc.

Plumbing Contractor's Company Name

PO Box 53052, Fayetteville, NC 28305

Address

5977 P1

License #

910-323-4060

Phone

abcplumbingcompany@yahoo.com

Email

INSULATION CONTRACTOR INFORMATION

HSB General Contracting Inc.

Insulation Contractor's Company Name

910-644-0214

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

6.30.2025

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

6.30.2025

Date