



strong roots • new growth

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

## RESIDENTIAL BUILDING APPLICATION

Site Address: 410 W I st ERWIN PIN: 0597-45-7037  
Owner: Hammer Investments LLC Phone: 951-796-8253 Email: Rickey8733@msw.com  
Description of Proposed Work: Remodel Total Job Cost: 68,000

### GENERAL CONTRACTOR INFORMATION

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

Chris Hunt  
General Contractor's Company Name  
5494 US 264, Washington NC  
Address  
53503  
License #

919-730-3337  
Phone  
GulpsHad@gmail.com  
Email

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New ELE system  
Transform Electric  
Electrical Contractor's Company Name  
6336 Pauling ct Fayetteville  
Address  
36283  
License #

Service Size: 200 Amps T-Pole: YES ☐ NO ☒  
910-401-8903  
Phone  
Transformelectric@gmail.com  
Email

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: mini split  
110v x 2  
Mechanical Contractor's Company Name  
Address  
License #

Phone  
Email

### PLUMBING CONTRACTOR INFORMATION

Description of Work: On demand Plumbing  
On demand Plumbing  
Plumbing Contractor's Company Name  
1828 Hockaday rd four oaks  
Address  
33457 P1  
License #

# of Fixtures: 3  
919-632-7536  
Phone  
Rick  
Email  
Heracilo Flores 741@gmail.com

### INSULATION CONTRACTOR INFORMATION

Owner  
Insulation Contractor's Company Name


951-796-8253  
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

7-23-25  
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:

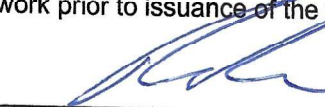
\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_ 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

7-23-25  
Date