



RESIDENTIAL BUILDING APPLICATION

Site Add	dress:408 S 16th S	St Erwin NC 27339		PIN: _				
Owner:	Cosette Harol	Phone:	323-893-3485	Email:				
Descript	tion of Proposed Work:	Kithcen and Bath re	emodel, door to cas	e openings	Total Job C			
		GENERAL	CONTRACTOR IN	FORMATION				
	* Must be owne	r or licensed contractor. A			atch information on	license.		
Axiom	n Green Build Inc		919-724-3	824				
General Contractor's Company Name				Phone				
3434 Edwards Mill Rd Raleigh NC 2761				n.dean55@hotmail.com				
Address				Email				
724								
License #	•							
		ELECTRICAL	L CONTRACTOR I	NFORMATIO	<u>N</u>			
Description	on of Work: Kitchen remod	del including additional	outlets and fixtures	Service Size:	200 Amps	T-Po	le: YES 🗆	NO □
Dean I	Flectric			919-770-20	97			
Dean Electric Electrical Contractor's Company Name				Phone	<u> </u>			
2917 Cameron Drive Sanford NC 27332				projectmanager0928@gmail.com				
Address				Email				
SP.SFI	D.19580							
License #								
		MECHANICAL/H	VAC CONTRACTO	OR INFORMA	<u>TION</u>			
Description	on of Work:							
Mechanic	al Contractor's Company N	ame		Phone				
Address				Email				
	 							
License #								
		<u>PLUMBING</u>	CONTRACTOR IN	<u>IFORMATION</u>	<u> </u>			
Decembelia	Kitchen and I	Bath remodel, full remo	val and replace includ	ling new fixture	locations	# - 5 F		7
	on of Work:		<u> </u>	010 (22 7		# OI F	ixtures:	
	Demand Plumbing			919-632-7	536			
Plumbing Contractor's Company Name 1828 Hockaday Rd Four Oaks NC 27524				Phone				
Address				Email				
	3457 							
License #	!							
		INSULATION	CONTRACTOR I	<u>NFORMATIOI</u>	<u>N</u>			
Insulation	Contractor's Company Nar	me		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 ITIONITIS to 2 years re-issue fee is \$150.00.	. After 2 years re-issue fee is as per current fee schedule.
	.10/31/25
Signature of Owner/Contractor/Officer of Corporation	Date
Affidavit for Worker's Compens	sation N.C.G.S. 87-14
The undersigned applicant being the:	
X General Contractor Owner Officer/Agent	of the Contractor or Owner
Does hereby confirm under penalties of perjury that the person(s), firm(spermit:	s) or corporation(s) performing the work set forth in the
Has 3 or more employees and has obtained workers' compensat	tion insurance to cover them,
Has 1 or more subcontractors and has obtained workers' compe	nsation insurance to cover them,
X Has 1 or more subcontractors who has their own policy of worker	rs' 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 und the permit may require certificates of workers' compensation insurance out the work prior to issuance of the permit or at any time during the per	coverage from any person, firm, or corporation carrying
	10/31/25
Signature of Owner/Contractor/Officer of Corporation	Date