

RESIDENTIAL BUILDING APPLICATION

Site Address: 125 SANDRA COURT ANGIER, NC 27501 PIN: 0663-43-0448.000
Owner: SWANSON THOMAS L &
SWANSON KAY HALL Phone: _____ Email: _____
CHRIS BENDER LLC
Description of Proposed Work: NEW ADDITION AND 2 CAR GARAGE Total Job Cost: \$125,000

GENERAL CONTRACTOR INFORMATION

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

CHRIS BENDER LLC 919-422-7898
General Contractor's Company Name Phone
121 PLAINVIEW AVE RALEIGH, NC 27604
Address CHRIS20.BENDER@GMAIL.COM
75404 Email
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: UPDATES TO WIRING AND BREAKER PANEL TO
ACCOMDATE ADDITONS Service Size: 200 Amps T-Pole: YES ☐ NO ☒
KINNEY'S ELECTRICAL SERVICE 919-787-2183
Electrical Contractor's Company Name Phone
5400 HILLSBOROUGH STREET RALEIGH, NC 27607 KINNEYELECTRIC@BELLSOUTH.NET
Address Email
22152-U
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: UPDATES TO HVAC SYSTEM TO ACCOMDATE ADDITIONS
ON POINT HEATING AND COOLING 919-622-2706
Mechanical Contractor's Company Name Phone
P.O. BOX 1538 WENDELL, NC 27591 JWOODRING@ONPOINTHC.COM
Address Email
29039
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: UPDATES TO EXISTING WATER/SEWER LINES TO ACCOMDATE
ADDITIONS (NO IMPROVEMENTS TO SEPTIC) # of Fixtures: 2
BLOOM PLUMBING 919-749-0984
Plumbing Contractor's Company Name Phone
706 LAKE MAGNOLIA WAY SMITHFIELD, NC 27577 GBLOOM6969@GMAIL.COM
Address Email
16649
License # _____

INSULATION CONTRACTOR INFORMATION

CHRIS BENDER LLC 919-422-7898
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

11/6/2025

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:

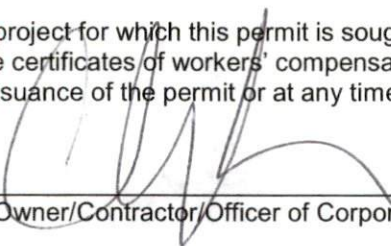
☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ 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

11/6/2025

Date