



Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Red Rock Builders Date: 1-12-21  
Site Address: 635 Heather Spring Ct Springlake NC 28390 Phone: 919-612-1379  
Subdivision: Anderson Creek Lot: 438  
Description of Proposed Work: single family home Total Job Cost: \$140,000.00

**General Contractor Information**

Red Rock Builders 919-612-1379  
Building Contractor's Company Name Telephone  
1303 olde Walker Mill Rd Apex NC 27502 redrocknc@gmail.com  
Address Email Address  
80602 HEATED SQ FT 2884 GARAGE SQ FT 664  
License #

**Electrical Contractor Information**

Description of Work Single family home Service Size: 400 Amps T-Pole:  Yes  No  
Imperial Electric 919-363-7474  
Electrical Contractor's Company Name Telephone  
837 Perry Rd Apex NC 27502 office@imperial-electric.com  
Address Email Address  
19850-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Single family home  
Southern Air Solutions 919-901-4440  
Mechanical Contractor's Company Name Telephone  
P.O. box 277 Middlesex NC 27557 sashvac1@hotmail.com  
Address Email Address  
25539 H-3 class 1  
License #

**Plumbing Contractor Information**

Description of Work Single family home # Baths 3  
Wagner Plumbing Inc 910-890-2299  
Plumbing Contractor's Company Name Telephone  
555 Tyrzah Dr Lillington NC 27546 Wagnerplumbingco@yahoo.com  
Address Email Address  
L1576 class 1  
License #

**Insulation Contractor Information**

Greenview Foam Insulation 919-671-4325  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as 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 any and all changes.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

*Bruce A. Worken*  
Signature of Owner/Contractor/Officer(s) of Corporation

1-12-21  
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

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

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *Bruce A. Worken managing partner*    Date: 1-12-21