



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: 10-20-21
Site Address: 35 Heather Spring Ct Spring Lake NC 28390 Phone: 919-612-1377
Subdivision: Anderson Creek Lot: 438
Description of Proposed Work: Single family home Total Job Cost: \$560,000.00

General Contractor Information

Red Rock Builders Telephone: 919-612-1377
Building Contractor's Company Name
1303 Old Walker Mill Rd Apex NC 27502 Email Address: redrocknc@gmail.com
Address
80602 HEATED SQ FT 2884 GARAGE SQ FT 664
License #

Electrical Contractor Information

Description of Work Single Family Service Size: 400 Amps T-Pole: Yes ___ No
Imperial Electric Telephone: 919-363-7474
Electrical Contractor's Company Name
837 Perry Rd Apex NC 27602 Email Address: office@imperialelectric.com
Address
19850-L
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information

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

*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.

Brooks Woodrow
Signature of Owner/Contractor/Officer(s) of Corporation

10-20-21
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: Brooks Woodrow managing partner Date: 10-20-21