



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: CHRIS HOLLINS Date: 3/8/21  
Site Address: 228 REGAL CREST DRIVE Phone: 919-219-9530  
Subdivision: REGAL CREST Lot: 9  
Description of Proposed Work: NEW RESIDENCE Total Job Cost: \$450,000

**General Contractor Information**

NC CUSTOM HOMES 919-946-3662  
Building Contractor's Company Name Telephone  
1508 MYCENAR PL. VARIAN, NC dozier@nc.vr.com  
Address 27520 Email Address  
61623 HEATED SQ FT 3132 GARAGE SQ FT 977  
License #

**Electrical Contractor Information**

Description of Work NEW RESIDENCE Service Size: 400 Amps T-Pole:  Yes  No  
AMETIC ELECTRIC 919-524-9879  
Electrical Contractor's Company Name Telephone  
622 SUNSET RD., VARIAN  
Address Email Address  
22335-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW RESIDENCE  
CAROLINA AIR CONDITIONING 919-683-2421  
Mechanical Contractor's Company Name Telephone  
641 S. NEW HOPE PL. RALEIGH, NC  
Address 27610 Email Address  
22084  
License #

**Plumbing Contractor Information**

Description of Work NEW RESIDENCE # Baths 4 1/2  
WAGNER PLUMBING (910) 890-2299  
Plumbing Contractor's Company Name Telephone  
PO BOX 494 MAMERS, NC  
Address 27552 Email Address  
31576  
License #

**Insulation Contractor Information**

INSULATING INC., 1212 Home Ct 919-772-900  
Insulation Contractor's Company Name & Address Telephone  
RALEIGH

**\*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.**

*Carl S. [Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

3/8/21  
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: *Carl S. [Signature] / mgr. / owner*    Date: 3/8/21