



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: Joseph and Sara Lipsy Date: 9-1-21
Site Address: 2784 Norrington Rd Lillington 27546 Phone: 919-636-1150
Subdivision: N/A Lot: N/A
Description of Proposed Work: New SFD Total Job Cost: \$350,618.75

General Contractor Information

Red Door Homes Telephone 919-636-1150
Building Contractor's Company Name
12809 US 70 Bus. Clayton 27520 Squin@reddoorhomesnc.com
Address Email Address
79810 **HEATED SQ FT 2525** **GARAGE SQ FT 467**
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Orville Enterprise Telephone 919-337-7633
Electrical Contractor's Company Name
5325 Hildewell Place Apex 27539 orvilleelectric1994@gmail.com
Address Email Address
170460
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air Telephone 919-243-0487
Mechanical Contractor's Company Name
5212 US 70 Bus. Clayton 27520 joyalfor2@carolinacomfortair.com
Address Email Address
31589
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
David Baker Plumbing Telephone 919-422-5920
Plumbing Contractor's Company Name
2245 NC Hwy 39 Apex 27547 dbakerplumbing@aol.com
Address Email Address
8704
License #

Insulation Contractor Information


Ti-City Insulation 7204 Becky Cir. Raleigh 27615 Telephone 919-790-9684
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.



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

9-1-21

 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:  Builder _____ Date: 9-1-21