



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

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier of licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: KATHRYN + ROBERT LASSEK Date MARCH 1, 2022  
Site Address: 3185 RAYNOR McLAMB RD LINDEN NC 28356 Phone 910-528-2716  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: NEW CONSTRUCTION Total Job Cost 503,000.00

**General Contractor Information**

TOM'S HOME IMPROVEMENTS INC 910-822-2115  
Building Contractor's Company Name Telephone  
622 FOXLAIR DRIVE Fayetteville NC 28311 tposton2@nc.rr.com  
Address Email Address  
57393 **HEATED SQ FT 2828 GARAGE SQ FT 720**  
License #

**Electrical Contractor Information**

Description of Work INSTALL ELECTRIC SYSTEM Service Size: 400 Amps T-Pole:  Yes  No  
BUSORD ELECTRIC (910)-491-5490  
Electrical Contractor's Company Name Telephone  
2978 GILLESPIE ST Fayetteville NC 28306 DIANE.BUSORDELECTRIC@gmail.com  
Address Email Address  
NC 31424-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work INSTALL NEW HVAC IN NEW HOUSE  
BASS AIR CONDITIONING INC (910) 424-3570  
Mechanical Contractor's Company Name Telephone  
3261 NATAL STREET Fayetteville NC 28306 LOMOEBASS-AIR.COM  
Address Email Address  
33586  
License #

**Plumbing Contractor Information**

Description of Work INSTALL NEW PLUMBING # Baths 4  
VANCE JOHNSON PLUMBING 910-424-6712 #221  
Plumbing Contractor's Company Name Telephone  
3242 MID PINE RD Fayetteville NC 28306 EBIANCHARDCVPLUMBING.COM  
Address Email Address  
7756-PI  
License #

**Insulation Contractor Information**

CUMBERLAND INSULATION (910) 484-7118  
Insulation Contractor's Company Name & Address Telephone

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

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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

MAR 1, 2022

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:  President

Date: MAR 1, 2022