



Application # SFD2112-0058

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: Solomon Home Builders LLC Date: _____
Site Address: 330 Josey Williams Erwin, NC 28339 Phone: 910-424-0455
Subdivision: North Farm Lot: 5
Description of Proposed Work: New Residence Total Job Cost: _____

General Contractor Information

Regency Homes, Inc 910-424-0455
Building Contractor's Company Name Telephone
PO Box 25640 regency@regencync.com
Address Email Address
32067-U HEATED SQ FT 2179 GARAGE SQ FT 701
License # _____

Electrical Contractor Information

Description of Work New Construction Electrical Service Size: 200 Amps T-Pole: Yes No
Ringled Electrical Contractors 910-433-9037
Electrical Contractor's Company Name Telephone
5305 Ashby Street, Hope Mills, NC 28348
Address Email Address
L.20555
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction HVAC
Certified Heating and Air 910-858-1129
Mechanical Contractor's Company Name Telephone
207 W David Parnell St, Parkton, NC 28371
Address Email Address
L.20012
License # _____

Plumbing Contractor Information

Description of Work New Construction Plumbing # Baths 2.5
Titan Plumbing 919-615-1947
Plumbing Contractor's Company Name Telephone
Po Box 1045, Dunn, NC 28335
Address Email Address
L.34800
License # _____

Insulation Contractor Information

Tri-City Insulation & Building Products 910-484-6990
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.

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

2/22/22
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: Alessandra Alford, VP Date: 2/22/22