



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: Mitch + Amy Mason Date: 10/25/22  
Site Address: 4369 Kay Rd Spring Lake Phone: 910-722-3983  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: new construction Total Job Cost: \$519,140.00

**General Contractor Information**

Cain Builders Inc Telephone: 910-486-0095  
Building Contractor's Company Name  
PO Box 457 Wade NC 28395 Email Address: cainbuilder@aol.com  
Address  
60193V License #  
**HEATED SQ FT 2264 GARAGE SQ FT 737**

**Electrical Contractor Information**

Description of Work: New Const. electrical Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Pierce Electric Telephone: 910-922-5777  
Electrical Contractor's Company Name  
1741 Cardinal Circle Fay. NC Email Address: Pierceelectric11@aol.com  
Address  
SP SFID 34103 License #

**Mechanical/HVAC Contractor Information**

Description of Work: New Const. HVAC  
Scott Service Co Telephone: 910-309-2270  
Mechanical Contractor's Company Name  
118 Ridgeway Dr. Suite E Fay. NC Email Address: scottservicco@hotmail.com  
Address  
31436 H-3 License #

**Plumbing Contractor Information**

Description of Work: New plum. # Baths: 2 1/2  
Richards Plumbing Telephone: 910-476-2441  
Plumbing Contractor's Company Name  
5630 LaCosta Dr. Hope Mills NC Email Address: richardscall@aol.com  
Address  
26497 License #

**Insulation Contractor Information**

Cumbuland Insulation Telephone: 910-484-7118  
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.

John A. Carr Jr  
Signature of Owner/Contractor/Officer(s) of Corporation

10/25/22  
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: John A. Carr Jr

Date: 10/25/22