



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 or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Jeremy Ringled & Leah Ringled Date 10/5/2022  
Site Address: 5122 Springhill ch. rd. Phone 910-303-6065  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: New House Total Job Cost \_\_\_\_\_

**General Contractor Information**

Jeremy Ringled 910-303-6065  
Building Contractor's Company Name Telephone  
35 Valley oak dr. Bunnlevel NC 28323 Jringled@gmail.com  
Address Email Address  
HEATED SQ FT 2426 GARAGE SQ FT 576

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Install Service Size: 200 Amps T-Pole:  Yes  No  
Ringled Electrical Contractors 910-237-5690  
Electrical Contractor's Company Name Telephone  
P.O. Box 65074 Fayetteville NC 28306 Kringled@nc.rr.com  
Address Email Address  
20555-L

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New Install  
James Hayes Heating and AC Inc. 910-484-7155  
Mechanical Contractor's Company Name Telephone  
620 Fair Street Fayetteville NC 28306 Jameshayesheatac@gmail.com  
Address Email Address  
20051 H3 class 1

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Install # Baths 3.5  
Double J Plumbing LLC 910-814-7705  
Plumbing Contractor's Company Name Telephone  
614 Byrd RD Bunnlevel 28323 Jamiejohnsonplumbing@gmail.com  
Address Email Address  
21649

License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Insulation 4205 Clinton rd Fayetteville NC 910-484-7118  
Insulation Contractor's Company Name & Address Telephone  
28312

\*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

10/4/22

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: Mr. [Handwritten Signature]

Date: 10/4/22