

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: Joan Wall Date 4/19/24  
Site Address: 192 Flynn McPherson Rd Cameron, NC 28526 Phone \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: New Single Family Dwelling Total Job Cost \$1200,000

**General Contractor Information**

CUSTOM CONTRACTING CORP 919 775-1497  
Building Contractor's Company Name Telephone  
PO Box 2825 SANFORD, NC 27331 varocejr@grocecompanies.com  
Address Email Address  
8664 HEATED SQ FT 1514 GARAGE SQ FT 308  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: 200 Amps T-Pole:  Yes  No  
RINGLED Elect Cont 910-237-5690  
Electrical Contractor's Company Name Telephone  
PO Box 65074 FAYETTEVILLE, NC 28306 kringled@nc.rr.com  
Address Email Address  
20555-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work 1 Heat Pump LAUNDRY Vent, Bath Fan Venting  
Affordable HTG + AIR 919 498-2791  
Mechanical Contractor's Company Name Telephone  
PO Box 236 Lemon Springs, NC 28355 highflying4x4@gmail.com  
Address Email Address  
20046  
License #

**Plumbing Contractor Information**

Description of Work 2 Baths | Kitchen | LAUNDRY | HW# # Baths 2  
Sammy Thomas 919 499-7359  
Plumbing Contractor's Company Name Telephone  
1480 Zion Ch. Rd Sanford NC 27330 reliableplumbing@windstream.net  
Address Email Address  
7151  
License #

**Insulation Contractor Information**

PRIME ENERGY RALEIGH, NC 919-615-3175  
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.

K.R. Shind  
Signature of Owner/Contractor/Officer(s) of Corporation

4/19/24  
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: K.R. Shind Pres. Custom Contracting Corp Date: 4/19/24