



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: New Castle Contractors LLC Date: _____
Site Address: 215 Montana Ln Spring Lake Phone: 910-978-9797
Subdivision: Sierra Villa Lot: #7
Description of Proposed Work: New Construction Home Total Job Cost: \$ 139,000

General Contractor Information

New Castle Contractors LLC 910-978-9797
Building Contractor's Company Name Telephone
249 New Castle Ln Spring Lake NC newcastlecontractorsnc@gmail.com
Address Email Address
86904 HEATED SQ FT 1673 GARAGE SQ FT 447
License #

Electrical Contractor Information

Description of Work wire new home Service Size: 200 Amps T-Pole: Yes No
Southern Pride Electrical Service Inc. 919-750-9436
Electrical Contractor's Company Name Telephone
370 Slapout Rd Mount Olive NC southernpride.mp@gmail.com
Address Email Address
24726
License #

Mechanical/HVAC Contractor Information

Description of Work Mechanical new install
Certified Heating & Air Conditioning 910-858-0000
Mechanical Contractor's Company Name Telephone
P.O. Box 1071 Hope Mills, NC 28348 certifiedheatingandairllc@gmail.com
Address Email Address
20012
License #

Plumbing Contractor Information

Description of Work Rough-in / fixture installation # Baths 2.5
Titans Plumbing LLC 919-615-1947
Plumbing Contractor's Company Name Telephone
PO BOX 1045 Dunn, NC 28334 raciomencia@titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

Cumberland Insulation Co. 4205 Clinton Rd 910-484-7118
Insulation Contractor's Company Name & Address Fayetteville, 28312 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.

James E. Soto
Signature of Owner/Contractor/Officer(s) of Corporation

3/6/2023
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: James E. Soto Member/Manager Date: 3/6/2023