

Application # \_\_\_\_\_

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Kris & Christy Rolfson	Da <u>te 3/10/23</u>
Site Address: 1427 NCSR Baptist Grove Road	Phone 301-832-5878
Subdivision: n/a	Lot n/a
Description of Proposed Work: SFD, 3 Bed, 3 Bath, Crawl space, garage, deck	Total Job Cost ~ \$500,000.00
General Contractor Information	n
Caruso Homes On Your Lot NC 1, LLC Building Contractor's Company Name	
110 Horizon Drive, Suite 320, Raleigh, NC 27615 Address	ncoylpermits@carusohomes.com Email Address
84268 HEATED SQ FT_2778_ GARAGE SG	Q FT 439
License #	
Description of Work Electrical & wiring for SFD Service Size:  MSF Electric	200 Amps T-Pole: X Yes No. 919-217-9767
Electrical Contractor's Company Name	Telephone
7513 Kinghtdale Blvd, Knightdale, NC 27545	mandyk@msfelectric.com Email Address
Address	Email Address
Mechanical/HVAC Contractor Inform	nation
Description of Work HVAC installation for SFD	
Services Unlimited Heating & Air	919-875-2114
Mechanical Contractor's Company Name	Telephone
1241 Wicker Dr, Raleigh, NC 27604	clint@surhvac.com
Address	Email Address
14651	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Plumbing installation for SFD	# Baths <u></u>
White's Plumbing	919-435-0736
Plumbing Contractor's Company Name	Telephone
730 Park Avenue, Youngsville, NC 27596	whitesplumbing16@gmail.com
Address	Email Address
30233	
License #	
Insulation Contractor Information	<u>on</u>
Tri-city Insulation	919-790-9684
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Clark Alcock



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 <a href="by-signing-below-I have obtained all subcontractors-permission to obtain these permits">by-signing-below-I have obtained all subcontractors-permission to obtain these permits</a> and if <a href="mailto:any">any</a> 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.

—Docusigned by:

3/10/2023

Signature of Owner/Contractor/Officer(s) of Corporation  Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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:	
X 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.	
X 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 workers are the permitted work from any person, firm or corporation carrying out the workers.	
Sign w/Title: Clark Alcock Division Manager, NC OYL 3/10/2023  Date:	