

**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: Emilio & Yannika Coleman Date 5/23/23  
Site Address: 2459 Ashe Ave. Phone 210-387-5664  
Subdivision: N/A Lot N/A  
Description of Proposed Work: Construction of new Sfd Total Job Cost \$257,000

**General Contractor Information**

Red Door Homes Telephone 919-980-0003  
Building Contractor's Company Name  
12809 US Hwy 70 Business W Clayton, NC, 27520 Kallie@reddoorhomesnc.com  
Address Email Address  
79810 HEATED SQ FT 1877 GARAGE SQ FT 432  
License #

**Electrical Contractor Information**

Description of Work Install electrical in Sfd Service Size: 200 Amps T-Pole:  Yes \_\_\_ No  
Turn 2 Electric Telephone 919-443-9094  
Electrical Contractor's Company Name  
218 Lopez Lane Clayton, NC, 27527 brandon@turn2electrical.com  
Address Email Address  
34860  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Install mechanical in Sfd  
Mebane Air Telephone 919-543-2093  
Mechanical Contractor's Company Name  
718 Mattress Factory Rd. Mebane, NC, 27302 mebaneair@outlook.com  
Address Email Address  
20391  
License #

**Plumbing Contractor Information**

Description of Work Install plumbing in Sfd # Baths 2  
Tom Bacon Plumbing Telephone 919-732-7130  
Plumbing Contractor's Company Name  
P.O. Box 40 Hillsborough, NC, 27278 T3plumbinginc@aol.com  
Address Email Address  
21677  
License #

**Insulation Contractor Information**

31-W Insulation 351 Herin Dr. Garner, NC, 27529 Telephone 919-500-3650  
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.**

Kallew Taylor  
Signature of Owner/Contractor/Officer(s) of Corporation

5/23/23  
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: Kallew Taylor - Pre construction Admin Date: 5/23/23