



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: Tom & Cathy Aristide Date 11-1-23  
Site Address: 1008 Joe Collins Road Phone 610 762-4670  
Subdivision: N/A Lot 1  
Description of Proposed Work: New Single Family Home Total Job Cost 540,000.00

**General Contractor Information**

Horizon Building Solutions Inc. 919 868 2493  
Building Contractor's Company Name Telephone  
1920 N Bryson Ct Fuquay Varina NC 27586 Horizoncustoms@dykdeo.com  
Address Email Address  
74206 HEATED SQ FT 2647 GARAGE SQ FT 711  
License #

**Electrical Contractor Information**

Description of Work Wiring a new home Service Size: 400 Amps T-Pole:  Yes  No  
Ferlow Electric 919 687 3733  
Electrical Contractor's Company Name Telephone  
801 E. Trinity Ave Durham NC 27704 Ferlowelectric3733@frontier.com  
Address Email Address  
3733  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC for a new home  
AC medic 336 512 1087  
Mechanical Contractor's Company Name Telephone  
63 Lake Valley Lane Robert@thacmedic.com  
Address Email Address  
33766  
License #

**Plumbing Contractor Information**

Description of Work plumbing on new home # Baths 2 1/2  
Eric Price 910 890 1350  
Plumbing Contractor's Company Name Telephone  
19 CT Thomas Lane Lillington 27546 Priceerofing76@dykdeo.com  
Address Email Address  
910 890 1350 34384  
License #

**Insulation Contractor Information**

Homeworth Inci 5222 Cross Rd Rousemont 919 957 9600  
Insulation Contractor's Company Name & Address Telephone  
NC 27572

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

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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]  
Signature of Owner/Contractor/Officer(s) of Corporation

11-1-23  
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: [Signature] Owner    Date: 11-1-23