

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: Bra	adley Stancil	Date 6/13/2023
	Yates Mill Drive, Fuquay Varina, NC 27	526 Phone (919) 538-5845
Subdivision: Wood	dbridge South	Lot10
Description of Proposed		
	General Contractor Information	1
New Home Inc., LLC		(919) 422-2838
Building Contractor's Co	ompany Name	Telephone
1611 Jones Franklin	Road, STE 101, Raleigh, NC 27606	rich.sherman@newhomeinc.com
Address		Email Address
82896	HEATED SQ FT_2460 GARAGE SQ	<b>2 FT</b> 437
License #		
D : (14/ )	Electrical Contractor Information	
	New Single Family Service Size:	
Ideal Electric, Inc.		(313) 452-7176
Electrical Contractor's Company Name		Telephone
PO Box 969, Farmington, MI 48332		michael.frittelli@idealelec.com
Address		Email Address
27098-U	_	
License #	Machanical/UVAC Contractor Inform	ation
	Mechanical/HVAC Contractor Inform	lation_
Description of Work	New Single Family	
A. Maynor Heating & Air Conditioning, Inc.		(919) 361-0993
Mechanical Contractor's	s Company Name	Telephone
100 Goodworth Drive, Apex, NC 27539		brett@maynorservices.com
Address		Email Address
12309	_	
License #	51 11 6	
	Plumbing Contractor Information	
Description of Work	New Single Family	_# Baths2.5
Barbour and Pou	ırron Plumbing & Service Inc.	(919) 553-4455
Plumbing Contractor's Company Name		Telephone
PO Box 934, Clayton, NC 27520		jeromy@bpplumbing.com
Address		Email Address
27132	_	
License #		
	Insulation Contractor Informatio	
LiveGreen Inc., 5001 Old Poole Road, Raleigh, NC 27610		(919) 453-6411
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.

Rich Sherman	6/13/2023		
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:			
General Contractor Owner	X 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 work.			
Sign w/Title: Rich Sharman M	Date: 6/13/2023		
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