

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: Kevin & Karen McHarg	Da <u>te 6/10/23</u>	
Site Address: Tract 2 - Elliott Bridge Road, Bunnlevel, NC	Phone 919-714-1999	
Subdivision: n/a	Lot n/a	
Description of Proposed Work: <u>SFD, 4 Bed, 3 Bath, Crawl space, garage, rear portion</u>	ch Total Job Cost ~ \$500,000.00	
General Contractor Information		
Caruso Homes On Your Lot NC 1, LLC	240-825-9830	
Building Contractor's Company Name	Telephone	
110 Horizon Drive, Suite 320, Raleigh, NC 27615	ncoylpermits@carusohomes.com	
Address	Email Address	
84268 HEATED SQ FT_2912_ GARAGE SC	<mark>) FT</mark> <u>6</u> 78	
License #		
Description of Work Electrical & wiring for SFD Service Size:		
MSF Electric	919-217-9767	
Electrical Contractor's Company Name	Telephone	
7513 Kinghtdale Blvd, Knightdale, NC 27545	mandyk@msfelectric.com	
Address	Email Address	
U34688-02		
License #		
Mechanical/HVAC Contractor Information		
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		
Description of Work Plumbing installation for SFD	-	
•	_# Baths3	
White's Plumbing	919-435-0736	
Plumbing Contractor's Company Name	Telephone	
730 Park Avenue, Youngsville, NC 27596	whitesplumbing16@gmail.com Email Address	
Address	Email Address	
30233 License #		
Insulation Contractor Information		
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.



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.

Clark Alcock	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:		
X General Contractor Owner 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 work.		
Sign w/Title: Clark Alcock License Hold	ler for Caruso Homes Date: 6-13-2023	