



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: Asset Development, LLC Date 6-13-25
Site Address: 246 Deer Tail LN Fuquay-Varina, N 27526 Phone 919-330-3220
Subdivision: Cotton Farm Lot 32
Description of Proposed Work: SFD Total Job Cost \$600,000

General Contractor Information

Asset Development, LLC 910-624-9424
Building Contractor's Company Name Telephone
3900 Dunn Rd Roseboro, NC 28382 ~~910-624-9424~~
Address Email Address JaredC.premitt-Douglas.com
53165 HEATED SQ FT 3054 GARAGE SQ FT 597
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
Randal J. Brownings 919-631-5360
Electrical Contractor's Company Name Telephone
989-Long Branch Dr. Smithfield, NC 27577 rock77llc@gmail.com
Address Email Address
1133721
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Stephenson Heating & Air Conditioning INC 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash dr Garner, NC 27529 stephensonhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work SFD # Baths _____
Ambit Plumbing Inc. 919-934-1379
Plumbing Contractor's Company Name Telephone
100 Rock Pillar Rd Clayton, NC 27580 ambitplumbing@gmail.com
Address Email Address
NC P-1# 20823
License #

Insulation Contractor Information

Garcia Insulation 1720 Crockers Mbrd Middlesboro, NC 919-422-2765
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.



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

6-13-25

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:

 (Owner)

Date: 6-13-25