

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: Rich Sherman   |                                 | Date 8/15/2023 |  |
|--|---------------------------------|----------------|--|
| Site Address: 200 Beacon Hill Rd, Lillington, NC 27546                       | Phone                           | (919) 422-2838 |  |
| Subdivision: Duncans Creek   | Lot                             | 113            |  |
| Description of Proposed Work: New Single Family                              | _ Total Job Cost _              | \$157,398      |  |
| General Contractor Information   |                                 |                |  |
| New Home Inc., LLC (919) 422-2838  |                                 | 8              |  |
| Building Contractor's Company Name Tele                                      |                                 |                |  |
| 1611 Jones Franklin Road, STE 101, Raleigh, NC 27606 rich.sherman@newhomeinc |                                 | newhomeinc.com |  |
| Address  | Email Address                   |                |  |
| 82896 HEATED SQ FT 1864 GARAGE SQ  | FT 260                          |                |  |
| License #  |                                 |                |  |
| Description of Work New Single Family Service Size:                          |                                 | ole: V Ves No  |  |
| Ideal Electrical Inc   | (313) 452-7176                  |                |  |
| Ideal Electric, Inc. Electrical Contractor's Company Name                    | Telephone                       |                |  |
| PO Box 969, Farmington, MI 48332   | michael.frittelli@idealelec.com |                |  |
| Address  | Email Address                   |                |  |
| 27098-U  |                                 |                |  |
| License #  |                                 |                |  |
| Mechanical/HVAC Contractor Information                                       | ation_                          |                |  |
| Description of Work New Single Family  |                                 |                |  |
| A. Maynor Heating & Air Conditioning, Inc.                                   | (919) 361-0993                  |                |  |
| Mechanical Contractor's Company Name   | ·                               |                |  |
| 100 Goodworth Drive, Apex, NC 27539  | brett@maynorservices.com        |                |  |
| Address  | Email Address                   |                |  |
| 12309  |                                 |                |  |
| License #  Plumbing Contractor Information                                   |                                 |                |  |
|  |                                 |                |  |
| ' -  | # Baths 2.5                     |                |  |
| Barbour and Pourron Plumbing & Service Inc.                                  | <u>(919) 553-4455</u>           |                |  |
| Plumbing Contractor's Company Name   |                                 |                |  |
| PO Box 934, Clayton, NC 27520  | jeromy@bpplumbing.com           |                |  |
| Address  | Email Address                   |                |  |
| 27132<br>License #   |                                 |                |  |
| Insulation Contractor Information  |                                 |                |  |
| LiveGreen Inc., 5001 Old Poole Road, Raleigh, NC 27610                       | <u>-</u><br>(919) 453-          | -6411          |  |
| Insulation Contractor's Company Name & Address                               | Telephone                       | <u> </u>       |  |

\*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   | 8/15/2023   |  |  |
|--|---|--|--|
| 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 OwnerX  | 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.    |  |  |
| $\underline{}$ Has one (1) or more subcontractors(s) and has obtained them.  | ained workers' compensation insurance to cover    |  |  |
| $\underline{X}$ 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 sough<br>Department issuing the permit may require certificates of of<br>to issuance of the permit and at any time during the permit<br>carrying out the work. | coverage of worker's compensation insurance prior |  |  |
| Sign w/Title: Rich Sherman Manager   | Date: 8/15/2023                                   |  |  |
|  |   |  |  |