



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: Frederick & Bonnie Palmquist Date 10/17/23

Site Address: 7612 Overhills Road, Spring Lake, NC 28390 Phone (910) 4768786

Subdivision: No Lot _____

Description of Proposed Work: SFD CRAWL Total Job Cost _____

General Contractor Information

Vuncannon & Sons Builders, Inc (919) 255-8537

Building Contractor's Company Name Telephone

112 Strickland Lane, Lillington, NC 27546 zwc@vuncannonandsonsbuilderinc.com

Address Email Address

85590 HEATED SQ FT 6,167 GARAGE SQ

License # FT _____

Electrical Contractor Information

Description of Work new per drawings Service Size: _____ Amps T-Pole: Yes No

Mabry's Electrical Service, Inc (919) 639-4837

Electrical Contractor's Company Name Telephone

731 Mabry Road, Angier, NC 27501 johnnie@mabryelectrical.com

Address Email Address

U.15077

License # _____

Mechanical/HVAC Contractor Information

Description of Work per drawings

Deluxe Home Comfort & Co (919) 772-3859

Mechanical Contractor's Company Name Telephone

3811 Cobb Street, Garner, NC 27529

Address Email Address

L. 18120

License # _____

Plumbing Contractor Information

Description of Work per Drawings # Baths 3

Ken West Plumbing (910) 500-2411

Plumbing Contractor's Company Name Telephone

906 Gregory Circle, Lillington, NC 27546 dustin@kenwestplumbing.com

Address Email Address

S.08252

License # _____

Insulation Contractor Information

Tri City Insulation & Building Products (910) 486-8855

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.

Judy W. Cabe
Signature of Owner/Contractor/Officer(s) of Corporation

10/17/23
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.

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: Judy W. Cabe Date: 10/17/23