



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: SENECA HOMES, INC Date 1/12/24  
Site Address: 309 DEER TAIL LANE Phone 919-669-4569  
Subdivision: COTTON FARMS Lot 42  
Description of Proposed Work: NEW HOME CONSTRUCTION Total Job Cost 4405,000

**General Contractor Information**

SENECA HOMES, INC 919-669-4569  
Building Contractor's Company Name Telephone  
4324 WILLOWDALE CT APEX, NC 27539 senecahomesenc.ir.com  
Address Email Address  
41238 **HEATED SQ FT** 2884 **GARAGE SQ FT** 501  
License #

**Electrical Contractor Information**

Description of Work NEW CONSTRUCTION Service Size: 200 Amps T-Pole:  Yes  No  
MABRY'S ELECTRICAL SERVICE 919-639-4837  
Electrical Contractor's Company Name Telephone  
731 MABRY RD ANGLIER, NC 27501 contact@mabryelectrical.com  
Address Email Address  
150774  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONSTRUCTION  
COMFORT SOLUTIONS HVAC, INC 919-553-0266  
Mechanical Contractor's Company Name Telephone  
2850 NC 42 WEST CLAYTON, NC 27520 jsmith@comfortonline.net  
Address Email Address  
15822 H-2, H-3  
License #

**Plumbing Contractor Information**

Description of Work NEW CONSTRUCTION # Baths 2.5  
AMBIT PLUMBING, INC 919-934-1379  
Plumbing Contractor's Company Name Telephone  
100 ROCK PILLAR ROAD CLAYTON, NC 27520 contactambit@embargoMail.com  
Address Email Address  
20823  
License #

**Insulation Contractor Information**

INSULATION SERVICES P.O. Box 46326 RAUACH 919-478-7464  
Insulation Contractor's Company Name & Address Telephone  
NC 27610

**\*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.**

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

1/12/2024  
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: MUMPT. PRESIDENT

Date: 1/12/2024

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 2068843

Filed on: 01/12/2024

Initially filed by:

senecahomes@nc.rr.com

**Designated Lien Agent**

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (http://www.liensnc.com)

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (mailto:support@liensnc.com)

**Owner Information**

Seneca Homes, Inc.  
4324 Willowdale Ct  
Apex, NC 27539  
United States  
Email: [senecahomes@nc.rr.com](mailto:senecahomes@nc.rr.com)  
Phone: 919-669-4569

**Project Property**

Lot 42 Cotton Farms  
309 Deer Tail Lane  
Fuquay-Varina, NC 27526  
Harnett County

**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

02/12/2024

**Print & Post**



**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

**Technical Support Hotline:** (888) 690-7384