



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: Brent and Sharon Mendenhall Date 03/14/2024  
Site Address: 1621 Matthews Mill Pond Rd, Angier NC 27501 Phone 910 992-8180  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: new construction, single family dwelling Total Job Cost \$748,903.00

**General Contractor Information**

MFGC, Inc 910 992-8180  
Building Contractor's Company Name Telephone  
PO Box 400, Vass NC 28394 TeamMabus@mabusgc.com  
Address Email Address  
82575 **HEATED SQ FT 1853** **GARAGE SQ FT 1331**  
License #

**Electrical Contractor Information**

Description of Work rough in and trim out of SFD Service Size: 400 Amps T-Pole:  Yes  No  
Sandhills Heating, Refrigeration and Electrical 910 690-6271  
Electrical Contractor's Company Name Telephone  
PO Box 1341, Southern Pines NC 28388  
Address Email Address  
U24043  
License #

**Mechanical/HVAC Contractor Information**

Description of Work rough in and trim out of SFD  
Sandhills Heating, Refrigeration and Electrical 910 690-6271  
Mechanical Contractor's Company Name Telephone  
PO Box 1341, Southern Pines NC 28388  
Address Email Address  
30377  
License #

**Plumbing Contractor Information**

Description of Work rough in and trim out of SFD # Baths 2  
Premier Plumbing 910 673-5294  
Plumbing Contractor's Company Name Telephone  
PO Box 35, Jackson Springs NC 27281  
Address Email Address  
67808  
License #

**Insulation Contractor Information**

TriCity 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.**

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correct  
3-14-24  
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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

13 Mar 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:  Owner Date: 13 Mar 2024