

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: Brent and Sharon Mendenhall	Date _2/5/24
Site Address: TBA Matthews Mill Pond Rd.	
Subdivision:	
Description of Proposed Work: New Residential Construction	
	<u>-</u>
General Contractor Information	
MFGC, Inc. Seth Mabus Building Contractor's Company Name	910-992-8180 Telephone
PO Box 400	TeamMabus@mabusgc.com
Address	Email Address
82575 HEATED SQ FT 1853 GARAGE S	
License #	<u> </u>
Electrical Contractor Informat	<u>ion</u>
Description of Work New Residential Construction Service Size	
Sandhills Heating and Electrical	910-690-6271
Electrical Contractor's Company Name	Telephone
PO Box 1341 Southern Pines, NC 28388	robert@sandhillsheating.com
Address	Email Address
<u>U24043</u>	
License #  Mechanical/HVAC Contractor Info	rmation
Description of Work New, Residential Construction	
Sandhills Heating, Refrigeration and Electrical	910-690-6271
Mechanical Contractor's Company Name	Telephone
PO Box 1341 Southern Pines, NC 28388	rich@sandhillsheating.com
Address	Email Address
30377	
License #	
Plumbing Contractor Informat	<u>ion</u>
Description of Work New, Residential Construction	# Baths 2
Premier Plumbing	910-673-5291
Plumbing Contractor's Company Name	Telephone
PO Box 35 Jackson Springs, NC 27281	jeremy@premierplumbingandrepair.com
Address	Email Address
23808	
License #	ian
Insulation Contractor Informat	
Premier Gas Works PO Box 35 Jackson Springs	910-673-5294
Insulation Contractor's Company Name & Address License # 67808	Telephone
LICE1195 # 01 000	

\*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.

<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee	
is as per current fee schedule.	
02/05/2024	
Signature of Owner/Contractor/Officer(s) of Corporation  Date	
Date Date of Strategic Periods (c) of Scipping and Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
V Conoral Contractor Owner Officer/Agent of the Contractor or Owner	
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:	
Date	