



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: Carmela Sanchez Moreno Date: 1-30-24
Site Address: Knight Rd Lot 3 Phone: 919 935 51-81
Subdivision: ND Lot: 3
Description of Proposed Work: built NEW HOUSE Total Job Cost: _____

General Contractor Information

Ricardo Rodriguez Mendoza Telephone _____
Building Contractor's Company Name
1332 Black rd Cameron NC 28326 Email Address _____
Address
101771 HEATED SQ FT 1,963 GARAGE SQ FT 510
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
Wester + Pace Electric, Inc Telephone (919) 499-3946
Electrical Contractor's Company Name
614 Leslie rd Sanford NC 28326 Email Address _____
Address
12007-U
License #

Mechanical/HVAC Contractor Information

Description of Work _____
D+D HVAC LLC Telephone (919) 628-2183
Mechanical Contractor's Company Name
605 Chatham st Sanford NC 27330 Email Address _____
Address
23371
License #

Plumbing Contractor Information

Description of Work _____ # Baths 3
McDonald Plumbing Telephone (919) 770-0723
Plumbing Contractor's Company Name
5321 Swanns station rd Sanford NC Email Address _____
Address
11824
License #

Insulation Contractor Information

Insulating Telephone (919) 776-4138
Insulation Contractor's Company Name & Address 1827 Jefferson Davis Hwy Sanford NC

*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.

Ricardo Rodriguez Mendoza
Signature of Owner/Contractor/Officer(s) of Corporation

1-30-24
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: Larmela Sanchez Moreno Date: 1-30-24