

RESIDENTIAL BUILDING APPLICATION

Site Address: 279 Ponderosa Trail, Cameron NC **PIN:** 9567-30-6174
Owner: CRH Homes, LLC **Phone:** 919-669-4928 **Email:** general@crhhomes.com
Description of Proposed Work: New Construction **Total Job Cost:** \$232,559.00

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

<u>CRH Homes LLC</u>	<u>919-669-4928</u>
<u>General Contractor's Company Name</u>	<u>Phone</u>
<u>3096 S. Horner Blvd #121, Sanford NC 27332</u>	<u>general@crhhomes.com</u>
<u>Address</u>	<u>Email</u>
<u>84048</u>	
<u>License #</u>	

ELECTRICAL CONTRACTOR INFORMATION

<u>Description of Work: New Construction</u>	<u>Service Size: 200</u> Amps <u>T-Pole: YES ☒ NO ☐</u>
<u>Ideal Electric Inc</u>	<u>919-323-3965</u>
<u>Electrical Contractor's Company Name</u>	<u>Phone</u>
<u>PO Box 969, Farmington MI 48332</u>	<u>michael.frittelli@idealelec.com</u>
<u>Address</u>	<u>Email</u>
<u>27098-U</u>	
<u>License #</u>	

MECHANICAL/HVAC CONTRACTOR INFORMATION

<u>Description of Work: New Construction</u>	
<u>Total Systems Heating & Cooling, Inc</u>	<u>910-436-3450</u>
<u>Mechanical Contractor's Company Name</u>	<u>Phone</u>
<u>13341 NC Hwy 210 South, Spring Lake NC 28390</u>	<u>ap@totalsystemnc.com</u>
<u>Address</u>	<u>Email</u>
<u>36823</u>	
<u>License #</u>	

PLUMBING CONTRACTOR INFORMATION

<u>Description of Work: New Construction</u>	<u># of Fixtures: 12</u>
<u>Double J Plumbing LLC</u>	<u>910-814-7705</u>
<u>Plumbing Contractor's Company Name</u>	<u>Phone</u>
<u>614 Byrd Rd Bunnlevel NC 28322</u>	<u>jamiejohnsonplumbing@gmail.com</u>
<u>Address</u>	<u>Email</u>
<u>21649</u>	
<u>License #</u>	

INSULATION CONTRACTOR INFORMATION

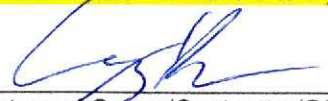
<u>TruTeam - TriCity Insulation</u>	<u>910-486-8855</u>
<u>Insulation Contractor's Company Name</u>	<u>Phone</u>

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

9-3-2025

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner X Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

X Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

9-3-2025

Date