



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: Rita Ishmael Date: 4-11-24  
Site Address: 373 Flowers Dr, Sanford, NC 27332 Phone: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot: 13  
Description of Proposed Work: \_\_\_\_\_ Total Job Cost: 285,925.00

**General Contractor Information**

The Spruill Construction Corp. 910 850-2116  
Building Contractor's Company Name Telephone  
1716 Raynor-McLamb Rd Linden, NC spruillconstruct@aol.com  
Address Email Address  
34224 HEATED SQ FT 1320 GARAGE SQ FT NA  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: 200 Amps T-Pole:  Yes  No  
Patrick Electrical Contractors, LLC 910 237-1594  
Electrical Contractor's Company Name Telephone  
1309 N Main St., Lillington NC 27546 tommypatrick910@gmail.com  
Address Email Address  
49104  
License #

**Mechanical/HVAC Contractor Information**

3261 Natal St  
Fayetteville NC  
28306

Description of Work Heat pump installation  
Bass Air Conditioning Co., Inc 910 424-3570  
Mechanical Contractor's Company Name Telephone  
PO Box 64249 Fayetteville, NC 28306 eddie@bass-air.com  
Address Email Address  
33586  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2  
Carnell Spivey 336 462-1080  
Plumbing Contractor's Company Name Telephone  
1414 Brewer Rd Apt A Winston Salem NC  
Address Email Address  
L 12757  
License #

**Insulation Contractor Information**

Cumberland Insulation Co. 910 484-7118  
Insulation Contractor's Company Name & Address Telephone  
4205 Clinton Rd., Fayetteville, NC 28312

\*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.

*Doris W. Spruill*  
Signature of Owner/Contractor/Officer(s) of Corporation

4/11/2024  
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: *Hughley B. Brown*

Date: 4-11-24