



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 PermitOwner's Name: Jeremy Baker & Ashley Capp Date 5/3/24Site Address: 1052 Bailey Rd. Phone 919-436-9074Subdivision: N/A Lot 8Description of Proposed Work: Single Family-New Construction Total Job Cost \$241,990**General Contractor Information**Red Door Homes of Central Carolina LLC 919-630-1150

Building Contractor's Company Name Telephone

12809 US Hwy 70 Business West Clayton, NC 27520 sguin@reddoorhomesnc.com

Address Email Address

79810 **HEATED SQ FT** 2054 **GARAGE SQ FT** 480

License # _____

Electrical Contractor InformationDescription of Work SFD New Construction Service Size: 220 Amps T-Pole: X Yes ___ NoTurn 2 Electric LLC 919-215-9436

Electrical Contractor's Company Name Telephone

471 Cleveland Crossing Dr., Garner, NC 27520 brandon@turn2electrical.com

Address Email Address

34860

License # _____

Mechanical/HVAC Contractor InformationDescription of Work SFD New ConstructionMebane Air 919-563-2093

Mechanical Contractor's Company Name Telephone

718 Mattress Factory Rd., Mebane, NC 27302 mebanear@outlook.com

Address Email Address

20931

License # _____

Plumbing Contractor InformationDescription of Work SFD New Construction # Baths 2 and 1/2Tom Bacon Plumbing 919-732-7130

Plumbing Contractor's Company Name Telephone

PO Box 40 Hillsborough, NC 27278 tbplumbinginc@aol.com

Address Email Address

21677

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

***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.

DocuSigned by:
Senta Garner _____ 5/9/2024 _____
Signature of Owner/Contractor/Officer(s) of Corporation 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: _____ DocuSigned by:
Senta Garner _____ Date: 5/9/2024 _____
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