



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 Permit

Owner's Name: Wicker Construction Corp Date 4-19-24

Site Address: 322 Quail Hollow Phone _____

Subdivision: Carolina Lakes Lot 45

Description of Proposed Work: SFD Total Job Cost 300,000⁰⁰

General Contractor Information

Wicker Construction Corp. 919-356-8585
Building Contractor's Company Name Telephone

2804 Caribton RD Sanford NC 27330 brittenwicker@yahoo.com
Address Email Address

63744 **HEATED SQ FT 1992** **GARAGE SQ FT 496**
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: Yes No

Wester + Pace Electric Inc. 919-499-3946
Electrical Contractor's Company Name Telephone

614 Leslie Rd. _____
Address Email Address

12007-0
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Certified Heating & Air Conditioning 910-858-0000
Mechanical Contractor's Company Name Telephone

PO. Box 1071 Hope Mills NC 28348 _____
Address Email Address

H3C1-20012
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2

McDonald Plumbing 919-770-0773
Plumbing Contractor's Company Name Telephone

5321 Swanns Station Rd Sanford NC 27332 _____
Address Email Address

11824
License #

Insulation Contractor Information

Tatum Ins. 519 Old Drug Store RD 919-661-0999
Insulation Contractor's Company Name & Address Telephone

Garner NC 27529

***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.

BWO
Signature of Owner/Contractor/Officer(s) of Corporation

4-19-24
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: BWO President Date: 3-4-24