



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

Application for Residential Building and Trades Permit

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

Owner's Name: James & Jennifer Strickland Date 6/7/24
Site Address: 726 Roberts Rd Phone 919-353-8975
Subdivision: _____ Lot _____
Description of Proposed Work: Residential New Construction Total Job Cost 216,990⁰⁰

General Contractor Information

Red Door Homes Central Carolina Telephone 252-414-0047
Building Contractor's Company Name
12809 US Hwy 70 Bus. W Clayton 27520 Address
79810 HEATED SQ FT 1877 GARAGE SQ FT 432
License # _____ Email Address socarter@reddoorhomesnc.com

Electrical Contractor Information

Description of Work SFD New Construction Service Size: 220 Amps T-Pole: X Yes ___ No
Turn 2 Electric Telephone 919-443-9894
Electrical Contractor's Company Name
471 Cleveland Crossing Dr. Suite 104 Garner NC 27529 Email Address brandon@turn2electrical.com
Address 34860
License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD New Construction
Mebane A/c Telephone 919-563-2093
Mechanical Contractor's Company Name
718 Mattress Factory Rd Mebane NC 27302 Email Address mebaneac@gmail.com
Address 20391
License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 2
Tom Bacon Plumbing Inc Telephone 919-619-7942
Plumbing Contractor's Company Name
P.O. Box 40 Hillsborough NC 27278 Email Address +3plumbinginc@aol.com
Address L21677
License # _____

Insulation Contractor Information

Red Door Homes of Central Carolina Telephone 252-414-0047
Insulation Contractor's Company Name & Address
12809 US 70 Business W Clayton NC 27520

***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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

6/11/24
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: *[Signature]* / PreConstruction Admin. Date: 6/11/24