

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

Site Address:   114 Kingwood Ct, Lillington, NC 27546   Phone   910-688-7361     Subdivision:   Oakmont   Lot   324     Description of Proposed Work:   New Single Family Home   Total Job Cost \$249,400 <b>General Contractor Information</b> The Ascot Corporation, LLC     Building Contractor's Company Name   910-688-7361     PO Box 1872   910-688-7361     Address   Electrical Contractor Information     Total Address   Electrical Contractor Information     Description of Work New Residential Electric   Service Size:   200     Magic Electric, Inc   910-506-9476   Telephone     Electrical Contractor's Company Name   Telephone   Total Service
Subdivision:   Oakmont   Lot   324     Description of Proposed Work:   New Single Family Home   Total Job Cost \$249,400     General Contractor Information     The Ascot Corporation, LLC     Building Contractor's Company Name   910-688-7361     PO Box 1872   eric@ascotgrp.com     Address   Email Address     70449   HEATED SQ FT     License #   Electrical Contractor Information     Description of Work New Residential Electric   Service Size: 200 Amps T-Pole: X Yes No     Magic Electric, Inc   910-506-9476     Electrical Contractor's Company Name   Telephone
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153 Sally's Rd, Pembroke, NC 28372 bjhunt@gmail.com
153 Sally's Rd, Pembroke, NC 28372   bjhunt@gmail.com     Address   Email Address
32942
License #
Mechanical/HVAC Contractor Information
Description of Work <u>New Residential Heating and Air</u>
Certified Heating & Air Conditioning 910-858-1129
Mechanical Contractor's Company Name Telephone
207 W David Parnell St, Parkton, NC 28371 ehrin.certified@gmail.com
Address Email Address
20012-H3-1
License #
Plumbing Contractor Information
Description of Work <u>New Residential Plumbing</u> # Baths 2.5
Dell Haire Plumbing LLC 910-429-9939
Plumbing Contractor's Company Name Telephone
5500 Deertrack Ln, Fayetteville, NC 28312 dellhairplumbing@hotmail.com
Address Email Address
32886
License # Insulation Contractor Information
Insulating Inc. 919-772-9000
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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

5/7/2024

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:
$\underline{X}$ 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.
Kervice Massing 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: Operations Manager Date: 5/7/2024