

Application #	
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* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

ation on license.	
Owner's Name: New Castle Contractors, LLC Date: Hay I	3 3024.
Site Address: Hayes Ad Spring Lake, NC 28390 Phone: 915-978	-9797
Subdivision: None Lot: 1	
Description of Proposed Work: New Construction Home Total Job Cost: \$700,0	∞
General Contractor Information	
New Castle Contractors 910-978-979	7
Building Contractor's Company Name Telephone	
249 New Castle Ln Spring Lake, NC 28390 rewrastle contractors no Address	@gmail.com
HEATED SQ FT 1673 GARAGE SQ FT 447	
Electrical Contractor Information	X
Description of Work Wire New Home Service Size: 200 Amps T-Pole: Yes_	No
Southern Pride Electrical Service Inc. 919-750-9436	
Electrical Contractor's Company Name Telephone	
370 Slapout Rd. Mount Olive, NC Southernpride.mp @ gmail Address Email Address	·cow
24726	
License # Mechanical/HVAC Contractor Information	
Description of Work Nechanical new instal	
Certified Heating & Air Conditioning 910-458-0000	
Mechanical Contractor's Company Name Telephone	ACCOUNTS OF THE PARTY OF THE PA
PO Box 1071 Hope Mills, NC 28348 certifiedheating and air Ilc & Email Address	lgmail·com
20013	
License # Plumbing Contractor Information	
Titan's Plumbing LLC #Baths 2.5	
Plumbing Contractor's Company Name Telephone	
P.D Box 1045 Dunn, NC 28334 rociomencial titans	dumbing.com
Address Email Address	pains of con
34800	
License # Insulation Contractor Information	
Cumberland Insulation Co. 910-484-7118	
Insulation Contractor's Company Name & Address Telephone	
4205 Clinton Rd. Fauethrille NC XX312	

*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.

Owner/Contractor/Officer(s) of Corporation

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: fam () Sto / Mense / onganizor Date: May 13, 2024	,