

Application #

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

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

Owner's Name: Brandon Scott, Mallorie Cubillos-Scott		Date 1/13/2025	
Site Address: 317 Old Mill Rd	Phone	9197587558	
Subdivision:			
Description of Proposed Work: New Single Family Dwelling		414000	
General Contractor Information			
Icon Contractors Inc	9194226948		
Building Contractor's Company Name	Telephone		
4613 Coral Dr, Durham NC, 27713	alan@iconNC.com		
Address	Email Address		
101633 HEATED SQ FT 2506 GARAGE S	SQ FT 609		
License #			
Description of Work New Single Family Dwelling Service Size	<u>on</u> · 200 Amns T-P	ole: X Yes No	
1st Step Electrical	9192011950	ole. <u>//</u> 163100	
Electrical Contractor's Company Name	Telephone		
PO Box 52334, Durham NC, 27717	1st.stepelectrical@gmail.com		
Address	Email Address		
20647	Email Addition		
License #			
Mechanical/HVAC Contractor Infor	mation_		
Description of Work New Single Family Dwelling			
James Brown	9843297147	9843297147	
Mechanical Contractor's Company Name	Telephone		
4131 Woodland Park Dr, Hillsborough NC, 27278	ncmultitrade18@gmail.com		
Address	Email Address		
35463			
License #			
Plumbing Contractor Informati	<u>ion</u>		
Description of Work New Single Family Dwelling	# Baths_ 2.5	# Baths 2.5	
MBS Plumbing Service	9193242979		
Plumbing Contractor's Company Name	Telephone		
202 Hickory Meadow Circle, Morrisville NC, 27560	mbsplumbingservice@gmail.com		
Address	Email Address		
33428			
License #			
Insulation Contractor Informat	<u>ion</u> 9198058539		
Will Cee Insulation- 10228 Debnam Rd, Zebulon NC, 27597 Insulation Contractor's Company Name & Address	Telephone		
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*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.

1/13/2025

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.			
X 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 WFittle: Date: 1/13/2025			