



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: TOM PRUDEN Date 6/3/24  
Site Address: 1655 ERNEST BROWN Rd. Phone 815-861-3910  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: BUILD NEW HOME Total Job Cost \$550K

**General Contractor Information**

NC CUSTOM HOMES Telephone 919-946-3662  
Building Contractor's Company Name  
1508 MYCENTRE PL., FREDUAM VIRGINIA Email Address ddozier@nc.vr.com  
Address  
61623 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work NEW WIRING Service Size: 400 Amps T-Pole:  Yes  No  
THE ELECTRIC COMPANY Telephone 984-225-9884  
Electrical Contractor's Company Name  
MAIN ST., FREDUAM VIRGINIA Email Address \_\_\_\_\_  
Address  
43442  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work MAYNOR SERVICES COMPANY NEW HVAC  
MAYNOR SERVICES COMPANY Telephone 919 538 7727  
Mechanical Contractor's Company Name  
APEX, NC Email Address \_\_\_\_\_  
Address  
35759  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work WAGNER NEW PLUMBING # Baths 2 1/2  
WAGNER PLUMBING Telephone 910 890 2299  
Plumbing Contractor's Company Name  
MITCHELLS, NC Email Address \_\_\_\_\_  
Address  
31576  
License # \_\_\_\_\_

**Insulation Contractor Information**

INSULATING INC Telephone 919-772-9000  
Insulation Contractor's Company Name & Address

**\*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 of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ Date 6/3/24

**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:

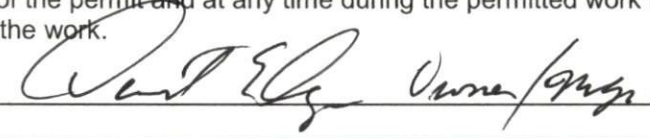
\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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:  \_\_\_\_\_ Date: 6/3/24