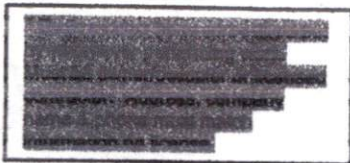




Application # _____

Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits



Application for Residential Building and Trades Permit

Owner's Name: Red Rock Builders LLC Date: 6-14-24
Site Address: 728 Michaels Way Spring Lake NC 28390 Phone: 919-612-1377
Subdivision: Anderson Creek Lot: 888
Description of Proposed Work: Single Family Dwelling Total Job Cost: \$ 411K

General Contractor Information

Red Rock Builders LLC Telephone: 919-612-1377
Building Contractor's Company Name
1303 Olde Walker Mill Rd Apex NC 27502 Email Address: redrocknc@gmail.com
Address
80602 License # _____

Electrical Contractor Information

Description of Work: Electrical Service Size: 200 Amps T-Pole: Yes No
Imperial Electric Inc Telephone: 919-363-7474
Electrical Contractor's Company Name
416 upchurch st Apex NC 27502 Email Address: office@imperial-electric.com
Address
19850-L License # _____

Mechanical/HVAC Contractor Information

Description of Work: HVAC/GAS
Beard Brothers LLC Telephone: 910-975-7535
Mechanical Contractor's Company Name
633 Foxclair Dr Fayetteville NC 28311 Email Address: beardbrothers247@gmail.com
Address
35204 class1 License # _____

Plumbing Contractor Information

Description of Work: Plumbing # Baths: 3 1/2
Hare Plumbing Inc Telephone: 919-770-5308
Plumbing Contractor's Company Name
413 Swearingen Ln Sanford NC 27332 Email Address: dewaynehare@yahoo.com
Address
19443 License # _____

Insulation Contractor Information

Greenville Foam Insulation Telephone: 919-671-4325
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 [redacted] and if [redacted] 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.

Bruce D. Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

6-14-24
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: Bruce D. Anderson Managing Partner Date: 6-14-24