



Application # \_\_\_\_\_

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**

Owner's Name: Red Rock Builders LLC Date: 6-13-24  
Site Address: 484 Falling Water Rd Spring Lake NC Phone: 919-612-1377  
Subdivision: Anderson Creek Lot: 277  
Description of Proposed Work: Single Family Dwelling Total Job Cost: A 536K

**General Contractor Information**

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

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

Greenville Foam Insulation 919-671-4325  
Insulation Contractor's Company Name & Address Telephone

NOTE: \_\_\_\_\_



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 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

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

6-13-24  
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. Weckert Managing Partner Date: 6-13-24