



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: NANCY WADE MAULTSBY ESTATE Date 8-2-24
Site Address: 6560 CORESBURY Rd FUGUAY VARIANA Phone 919 669 5544 Wesley
Subdivision: _____ Lot 919 346 0245 Nancy
Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

EPIC CONSTRUCTION SERVICES LLC 919 429 8150
Building Contractor's Company Name Telephone
3812 TACHEL DR SUITE G RALEIGH NC DARLAD@EPICNC.COM
Address 27609 Email Address
79026 HEATED SQ FT 1680 GARAGE SQ FT 1224
License #

Electrical Contractor Information

Description of Work Standard Service Size: 200 Amps T-Pole: Yes No
POWER COMM ELECTRICAL CONTRACTORS LLC 910-263-2707
Electrical Contractor's Company Name Telephone
814 NEIGHBORS RD DUNN NC 28334 JOHN@POWERCOMMELECTRICAL.COM
Address License #
26581-U

Mechanical/HVAC Contractor Information

Description of Work INSTALL SPLIT HP
WESLEY'S HVAC 919 669 5544
Mechanical Contractor's Company Name Telephone
6560 CORESBURY Rd FUGUAY VARIANA WESLEYTUDREAR.COM
Address License #
15089 H2+3

Plumbing Contractor Information

Description of Work INSTALLING PLUMBING FOR 2 BATHS
NATHANIEL TREMBLY 336 260 5670
Plumbing Contractor's Company Name Telephone
3935 TEMPLE RIDGE LAKE RD LIBERTY COUNTYLINERPLUMBINGNC@gmail.com
Address License #
33338 P1

Insulation Contractor Information

Wesley Tudrear/Wesley T 919-669-5544
Insulation Contractor's Company Name & Address Telephone

*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.

Wally T. [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

8-16-24
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: Wally T. [Signature]

Date: 8-16-24