



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: Pearl and Bernard Minter Date 9/19/24

Site Address: 1074 Red Hill Church Rd, Dunn Phone 919-780-8767

Subdivision: _____ Lot _____

Description of Proposed Work: New Construction - Ranch Total Job Cost TBD (\$300K-\$400K)

General Contractor Information

Marcus Ashley Builders, LLC 919-530-0312
Building Contractor's Company Name Telephone
6751 Walnut Cove Dr, Raleigh, NC 27603 Marcus@MarcusAshleyBuilders.com
Address Email Address
100743 HEATED SQ FT 3240 GARAGE SQ FT 598
License # _____

Electrical Contractor Information

Description of Work Electrical Rough and Trim Service Size: 200 Amps T-Pole: X Yes ___ No
Triangle Electrical Solutions, LLC 919-591-4766
Electrical Contractor's Company Name Telephone
1008 Thornwood Ct, Clayton, NC 27520 TESelectric2015@gmail.com
Address Email Address
U.32932
License # _____

Mechanical/HVAC Contractor Information

Description of Work Mechanical Rough and Trim
Comfort Shield 919-588-8015
Mechanical Contractor's Company Name Telephone
937 N Brightleaf Blvd, Smithfield, NC 27577 builders@comfortshieldhvacofnc.com
Address Email Address
L.32187
License # _____

Plumbing Contractor Information

Description of Work Plumbing Rough and Trim # Baths 4
Comfort Shield 919-588-8015
Plumbing Contractor's Company Name Telephone
937 N Brightleaf Blvd, Smithfield, NC 27577 builders@comfortshieldhvacofnc.com
Address Email Address
L.32187
License # _____

Insulation Contractor Information

Tri-City Insulation 919-790-9684
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.

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

9/19/24
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: *[Signature]* Contractor / Owner Member Date: 9/19/24