

strong roots - new growth

CentralPermitting@Harnett.org (910) 893-7625 ext.1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 1074 Red Hill Church Rd. Dunm No	C PIN	
Owner Pond': Bermand Mintenhone: 919-780-87	67 Email Blad-Minter 72 yahoo. Oc	
Description of Proposed Work Forting Corners to 515F	Total Job Cost 11, 1655.00	
GENERAL CONTRACTOR I * Must be owner or licensed contractor. Address, company name		
Pearl Bernard Minter	919-780-8767	
Pearl Bernard Minter General Contractor's Company Name 6725 Walnut Crove Dr. Raleigh NC 2760, Address	3 Pearl_Minter 7 2 yahoo. Com	
License # FOOTUNG CONTRACTOR	INFORMATION	
Description of Work: Footing Concrete	Service Size: Amps T-Pole: YES □ NO □	
Cardemas Construction, LLC		
P.O. Box 495 Amquer NC 27501	919-291-9555 bay 2 hot mail com	
Address	Email	
2455 License #		
MECHANICAL/HVAC CONTRACT	TOR INFORMATION	
Description of Work:		
Mechanical Contractor's Company Name	Phone	
Address	Email	
License #	and the second second	
PLUMBING CONTRACTOR	INFORMATION	
Description of Work:	# of Fadures:	
Plumbing Contractor's Company Name	Phone	
Address	Email	
License #		
INSULATION CONTRACTOR INFORMATION		



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

6 23 2025 Date

	Affidavit for Wor	rker's Compensation N.C.G.S. 87-14
The undersigned applicant b		
General Contractor	Owner	Officer/Agent of the Contractor or Owner
permit	District all	the person(s), firm(s) or corporation(s) performing the work set forth in the
Has 3 or more employ	yees and has obtained w	workers' compensation insurance to cover them,
Has 1 or more subcor	ntractors and has obtain	ed workers' compensation insurance to cover them,
Has 1 or more subcor	ntractors who has their o	own policy of workers' compensation insurance covering themselves,
Has no more than 2 e	employees and no subco	ontractors,
While working on the project the permit may require certif	for which this permit is sicates of workers' compa	sought and it is understood that the Central Permitting Department issuing ensation insurance coverage from any person, firm, or corporation carrying

out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation