

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: The Ascot Corporation, LLC	Date <u>9.20.2024</u>
Site Address: 39 Tackett Court (Lot 366 OM)	Phone 910-688-7361
Subdivision: Oakmont	Lot <u>366</u>
Description of Proposed Work: New Single Family Home	Total Job Cost _203,400
General Contractor Inform	mation
The Ascot Corporation, LLC	910-688-7361
Building Contractor's Company Name	Telephone
PO Box 1872	permitting@ascotgrp.com
Address	Email Address
70449 HEATED SQ FT2004.43 GARA	GE SQ FT 388.93
License #	
Description of Work New electrical system Service	rmation
In Home Tech	Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name 157 Moorea Dr Raeford, NC 28376	Telephone michael@inhome.tech
Address	Email Address
U.28907	Email Address
License #	
Mechanical/HVAC Contractor	Information
Description of Work HVAC install	
Certified Heating & Air Conditioning	910-858-1129
Mechanical Contractor's Company Name	Telephone
207 W David Parnell St, Parkton, NC 28371	ehrin.certified@gmail.com
Address	Email Address
20012-H3-1	
License #	
Plumbing Contractor Info	
Description of Work Install Plumbing	# _{Baths} 2.5
Dell Haire Plumbing LLC	910-429-9939
Plumbing Contractor's Company Name	Telephone
5500 Deertrack Ln, Fayetteville, NC 28312	dellhairplumbing@hotmail.com
Address	Email Address
32886	
License #	
Insulating Inc.	
Insulating Inc. Insulation Contractor's Company Name & Address	919-842-0888 Telephone
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*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.	
Sharry Kellam Signature of Owner/Contractor/Officer(s) of Corporation 9.20.2024 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:	
X 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.	
X 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: Sherry Kellam Permitting Tech Date: 9.20.2024	
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