

		Application #
	Harnett County Central Permittin	g
ust be owner/occupier or nsed contractor. Address, pany name & phone must ch information on license.	420 McKinney Pkwy Lillington, NC 2754 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harne	
	Application for Residential Building and T	rades Permit
Owner's Name: The	Ascot Corporation, LLC	Date 9.19.2024
		Phone 910-688-7361
Site Address		
Subdivision: <u>Oakmont</u> Description of Proposed Work: <u>New Single Family Home</u>		Lot <u>368</u>
Description of Propose		Total Job Cost
The Ascot Corpora	General Contractor Informatio	<u>n</u> 910-688-7361
Building Contractor's Company Name		Telephone
PO Box 1872		permitting@ascotgrp.com
Address		Email Address
70449	HEATED SQ FT 2383.47 GARAGE	<b>E SQ FT</b> 390.59
License #		<u></u>
Deceriation of Monte N	Electrical Contractor Informatio	
Description of Work <u>New electrical system</u> Service Size: In Home Tech LLC		Amps T-Pole: ✓_YesNo 910-308-2237
Electrical Contractor's Company Name		Telephone
157 Moorea Dr. Raeford, NC 28376		michael@inhome.tech
Address		Email Address
U.28907		
License #	_	
	Mechanical/HVAC Contractor Inform	nation
Description of Work H		
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 Information	on
Description of Work		<sub># Baths</sub> 2.5
Description of <sub>Work</sub> Install Plumbing 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 #	—	
	Insulation Contractor Information	
Insulating Inc.		919-842-0888
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.

9.19.2024

Sherry Kellam Signature of Owner/Contractor/Officer(s) of Corporation

## Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

X 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.

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: 9.19.2024
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