



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: The Ascot Corporation, LLC Date 9.19.2024

Site Address: 17 Tackett Court, Lot 365 OM Phone 910-688-7361

Subdivision: Oakmont Lot 365 OM

Description of Proposed Work: New Single Family Home Total Job Cost 233,000

**General Contractor Information**

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 FT** 1857.66 **GARAGE SQ FT** 393.25

License #

**Electrical Contractor Information**

Description of Work New electrical system Service Size: 200 Amps T-Pole:  Yes  No

In Home Tech 910-308-2237

Electrical Contractor's Company Name Telephone

157 Moorea Drive, Raeford, NC 28376 michael@inhome.tech

Address Email Address

U.28907

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 Information**

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 #

**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.**

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

9.19.2024  
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:

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