



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: Terri & Justin Parrish Date 9/25/24
Site Address: 2065 Chalybeate Springs Rd. Phone 919-749-0065
Subdivision: N/A Lot N/A
Description of Proposed Work: Construction of new sfd Total Job Cost \$507,788

General Contractor Information

Red Door Homes 919-805-5716
Building Contractor's Company Name Telephone
12809 Hwy 70 Bus. W. Clayton, NC, 27520 Kallic@reddoorhomesnc.com
Address Email Address
79810 HEATED SQ FT 2054 GARAGE SQ FT 397
License #

Electrical Contractor Information

Description of Work Install electrical in sfd Service Size: 200 Amps T-Pole: Yes ___ No
M Hills Electrical Contractors, Inc. 919-208-8079
Electrical Contractor's Company Name Telephone
1412 Pitty Pats path Zebulon, NC, 27597 Michaelrhillyr@yahoo.com
Address Email Address
18970
License #

Mechanical/HVAC Contractor Information

Description of Work Install mechanical in sfd
Melbane Air 919-563-2093
Mechanical Contractor's Company Name Telephone
718 Mattress Factory Rd. Melbane, NC, 27302 Melbanair@outlook.com
Address Email Address
20391
License #

Plumbing Contractor Information

Description of Work Install plumbing in sfd # Baths 3
Tom Bacon Plumbing 919-732-7130
Plumbing Contractor's Company Name Telephone
P.O. Box 40 Hillsborough, NC, 27278 T3plumbinginc@aol.com
Address Email Address
21672
License #

Insulation Contractor Information

31-W Insulation - 351 Herin Dr. Aarhur, NC, 27529 919-500-3050
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 of Owner/Contractor/Officer(s) of Corporation

9/25/24
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:

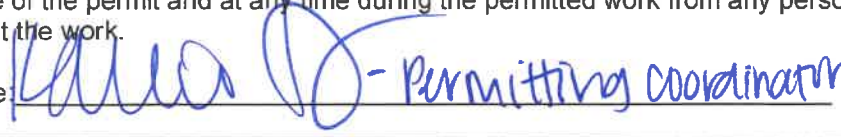
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  - Permitting Coordinator Date: 9/25/24