

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

Application for Residential Building and Trades Permit

Owner's Name: Oakmont Holding Inc.	Date 11.8.2024
Site Address: 209 Travelers Way	Phone 910-688-7361
Subdivision: Oakmont	Lot 339 OM
Description of Proposed Work: New Single Family Home	Total Job Cost <u>168,000</u>
General Contractor In	<u>formation</u>
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 FT1857.66_GAF	RAGE SQ FT_393.25
License #	
Electrical Contractor In Proceedings of World Law Electrical Systems Son	<u>nformation</u> vice Size: 200 Amps T-Pole: ${ extstyle X}$ YesNo
Description of Wo <u>rkNew Electrical System</u> In Home Tech Serv	
Electrical Contractor's Company Name	
3529 Gillespie Street, Fayetteville, NC 28306	michael@inhome.tech
Address	Email Address
U-28907	Liliali Addiess
License #	
Mechanical/HVAC Contract	tor Information
Description of Work HVAC Install	
Certified Heating & Air	910-858-0000
Mechanical Contractor's Company Name	Telephone
207 W David Parnett St. Parkton, NC 28371	ehrin.certified@gmail.com
Address	Email Address
20012-H2,H3	
License #	
Plumbing Contractor I	
Description of Work Install Plumbing	# Baths_2.5
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
5500 Deertrack Ln Fayetteville, NC 28312	dellhairplumbing@hotmail.com
Address 32886	Email Address
License #	
Insulation Contractor I	<u>nformation</u>
Insulating Inc.	919-776-4138
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.

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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 11.8.2024 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 Associate Date: 11.8.24	
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