

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: MICHAEL BADIN	Date 11/7/2024
Site Address: 164 HORSE PATH LANE HOLLY SPRINGS NC	
Subdivision: N/A	Lot 2A1R TOMMY E CARROLL MAP#2024-140
Description of Proposed Work: NEW BUILD - RESIDENTIAL	_ Total Job Cost <u>\$700,000</u>
General Contractor Information	
BLACK SHEEP CONSTRUCTION	919-946-3013
Building Contractor's Company Name	Telephone
36 BLUFF RIDGE LANE ANGIER NC 27501	INFO@BLACKSHEEPCONSTRUCTION.COM
Address	Email Address
L.100922 HEATED SQ FT 3008 GARAGE SC	1 FT 755
License #	
Description of Work Rough-In and Finishing of Electrical Service Size:	
	400 Amps T-Pole: Yes X No
Brightstar Electric LLC Electrical Contractor's Company Name	919-619-1705
• •	Telephone
4913 Matlock Ct. Apex NC 27539 Address	a.kalish@yahoo.com Email Address
SP.SFD.37192	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work Rough-In and Finishing of HVAC	
Bruce Charles Hayes - HAYES HVAC LLC	919-609-2006
Mechanical Contractor's Company Name	Telephone
651 Lockwood Drive Clayton, NC 27527	hayeshvacllc@gmail.com
Address	Email Address
L.34506	
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work Rough-In and Finishing of Plumbing	# Baths 4.5
A&M Plumbing LLC	919-671-9386
Plumbing Contractor's Company Name	Telephone
12393 NC 43 HWY NASHVILLE NC 27856	amplumbing234@gmail.com
Address	Email Address
L.37229	
License #	
Insulation Contractor Information	-
Sentinel Spray Foam - 15720 Brixham Hill Ave, Suite 300, Charlotte NC 28277	980-288-8482
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

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.
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: Mike Bak Owner/Partner Date: 11/7/2024