

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: New Home Inc., LLC | Date _11/22/2024 |
|---|---------------------------------|
| Site Address: 195 Duncan Creek Rd., Lillington, NC 27546 | Phone (919) 422-2838 |
| Subdivision: Duncans Creek | Lot 123 |
| Description of Proposed Work: New Single Family | Total Job Cost <u>\$298,065</u> |
| General Contractor Information | |
| New Home Inc., LLC | (919) 422-2838 |
| Building Contractor's Company Name | Telephone |
| 1611 Jones Franklin Road, STE 101, Raleigh, NC 27606 | rich.sherman@newhomeinc.com |
| Address | Email Address |
| 82896 HEATED SQ FT 2699 GARAGE SQ | FT_468 |
| License # | |
| Description of Work New Single Family Service Size: | |
| • | (313) 452-7176 |
| Ideal Electric, Inc. Electrical Contractor's Company Name | Telephone |
| PO Box 969, Farmington, MI 48332 | michael.frittelli@idealelec.com |
| Address | Email Address |
| 27098-U | |
| License # | |
| Mechanical/HVAC Contractor Inform | <u>ation</u> |
| Description of Work New Single Family | |
| A. Maynor Heating & Air Conditioning, Inc. | (919) 361-0993 |
| Mechanical Contractor's Company Name | Telephone |
| 100 Goodworth Drive, Apex, NC 27539 | brett@maynorservices.com |
| Address | Email Address |
| 12309 | |
| License # | _ |
| Plumbing Contractor Information | _ |
| Description of Work New Single Family | _# Baths <u>3</u> |
| Barbour and Pourron Plumbing & Service Inc. | <u>(919) 553-4455</u> |
| Plumbing Contractor's Company Name | Telephone |
| PO Box 934, Clayton, NC 27520 | jeromy@bpplumbing.com |
| Address | Email Address |
| 27132 License # | |
| Insulation Contractor Information | n |
| LiveGreen Inc., 5001 Old Poole Road, Raleigh, NC 27610 | (919) 453-6411 |
| Insulation Contractor's Company Name & Address | Telephone |



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.

| | Sherman er/Contractor/Officer | (s) of Corpor | ration | 11/22/20 Date |)24 | |
|---|----------------------------------|----------------|---------|----------------------------|------------------------------|--|
| | | | | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | | | | |
| General (| Contractor | Owner _ | Χ | Officer/Agent of the Co | ntractor or Owner | |
| Do hereby confirm set forth in the per | | perjury that t | he pers | son(s), firm(s) or corpora | ation(s) performing the work | |
| X Has three (| (3) or more employee | es and has c | btaine | d workers' compensation | n insurance to cover them. | |
| Has one (1 them. |) or more subcontrac | ctors(s) and | has ob | tained workers' compen | nsation insurance to cover | |
| \underline{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: | ich Sherman | · Mana | ger | | _Date: 11/22/2024 | |
| | | | | | | |