

* 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: RiverWILD Homes	Date 01/08/25		
Site Address: 3943 Baileys XRDS Road, Benson, NC 27504	Phone (919)909-9426		
Subdivision: Stewart Farms	1		
Description of Proposed Work: single family residential			
General Contractor Information	n		
RiverWILD Homes	(919)813-0123		
Building Contractor's Company Name	Telephone		
114 W. Main Street, Clayton, NC 27520	brittany@staywild.com		
Address	Email Address		
76333 HEATED SQ FT 2200 GARAGE SC	QFT 400		
License # Electrical Contractor Information	n		
Description of Work new single family residential Service Size:	Amps T-Pole: X Yes No		
Ogilvie Electric	(919) 362-7000		
Electrical Contractor's Company Name	Telephone		
7736 Blaney Franks Road, Apex, NC 27502 sched	luling.ogilvieelectric@gmail.com		
Address	Email Address		
17046			
License #	•		
Mechanical/HVAC Contractor Inform	<u>iation</u>		
Description of Work new single family residential			
Carolina Comfort	(919)550-7111		
Mechanical Contractor's Company Name	Telephone		
PO Box 190, Clayton, NC 27528			
Address	Email Address		
31589			
License # Plumbing Contractor Informatio	n		
Description of Work new single family residential	-		
The Book section and the control of	_# Baths_ 2.5		
Thornton's Plumbing Plumbing Contractor's Company Name	(919)550-4833 Telephone		
3160-A Vinson Road, Clayton, NC 27527	relephone		
Address	Email Address		
22152	Littali Address		
License #			
Insulation Contractor Information	<u>n</u> !		
TriCity - 7204 Becky Circle, Raleigh, NC 27615	(919)825-3857		
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

01/08/25

Date

The ur	Affidavit fo	or Worker's C	ompensatio	n N.C.G.S	6. 87-14	2
	General Contractor	Owner	K _ Officer/Ag	ent of the Co	ontractor or Owi	ner
Do her set for	reby confirm under penalties on the permit:	of perjury that the	person(s), firm	n(s) or corpo	ration(s) perforn	ning the work
<u>X</u>	Has three (3) or more employ	ees and has obta	ained workers'	compensation	on insurance to	cover them.
them.	Has one (1) or more subcontr	ractors(s) and ha	s obtained wor	kers' compe	nsation insurand	ce to cover
 coverir	Has one (1) or more subcontr ng themselves.	ractors(s) who ha	s their own pol	icy of worker	rs' compensatio	n insurance
	Has no more than two (2) em	ployees and no s	ubcontractors.			
Depart to issua	working on the project for whic ment issuing the permit may r ance of the permit and at any g out the work.	require certificates	s of coverage of	of worker's c	ompensation ins	surance prior
Sian w	Titlo: Brittany Radziszei	voski			Data: 01/08	/25