

## RESIDENTIAL BUILDING APPLICATION

Site Address: 565 Raiford Rd. Erwin NC 28339 PIN: 1506-29-0555.000  
Owner: Melanie Ashton Gilbert Phone: 910-658-1837 Email: ashtongilbert1014@gmail.com  
Description of Proposed Work: New single family dwelling Total Job Cost: \$600,000

### GENERAL CONTRACTOR INFORMATION

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

Old North State Builders LLC 910-322-6068  
General Contractor's Company Name Phone  
2209 N Spring Branch Rd. Dunn NC 28334 oldnorthstatebuilders@gmail.com  
Address Email  
100715  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wiring of new single family dwelling Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
Boyd Dixon Electrical LLC 910-891-8636  
Electrical Contractor's Company Name Phone  
PO Box 1021 dixonboyd65@icloud.com  
Address Email  
16759-I  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New SFD  
Carolina Comfort Air 919-550-2492  
Mechanical Contractor's Company Name Phone  
5212 US HWY 70 Bus. W. Clayton, NC asmith@carolinacomfortair.com  
Address Email  
34620  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: New SFD # of Fixtures: 17  
Carolina Plumbing Solutions/Justin McKnight 910-703-5690  
Plumbing Contractor's Company Name Phone  
58A Parkton Pl. Parkton, NC 28371 justinmcknight@carolinaplumbingsolutions.com  
Address Email  
35556  
License #

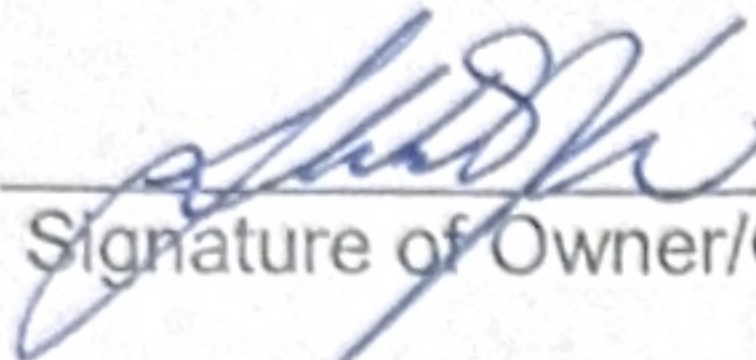
### INSULATION CONTRACTOR INFORMATION

I & J Building Contractors LLP 407-350-8907  
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer of Corporation

5/1/25  
 \_\_\_\_\_  
 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

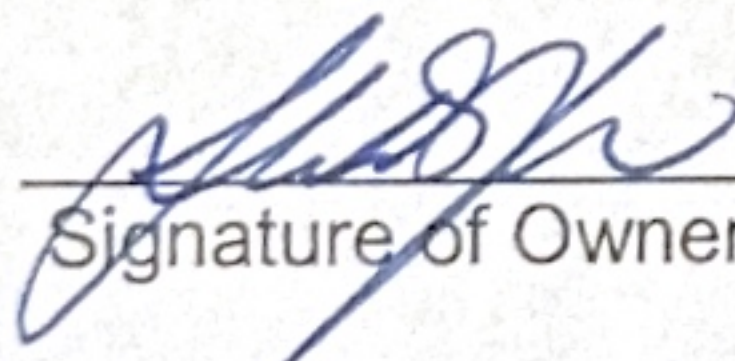
☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer of Corporation

5/1/25  
 \_\_\_\_\_  
 Date