

RESIDENTIAL BUILDING APPLICATION

Site Address: 204 TREES LANE BUNNVEVEL, NC 28323 PIN: 0547-72-8713.000
Owner: PATRICK WHITETREE Phone: (910) 578-5467 Email: PATRICK.WHITETREE@YAHOO.COM
Description of Proposed Work: NEW SINGLE FAMILY DWELLING Total Job Cost: \$334,270

GENERAL CONTRACTOR INFORMATION

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

MITCHELL HOMES INC (804) 378-5211
General Contractor's Company Name Phone
14300 SOMMERVILLE CT MIDLOTHIAN, VA 23113 PERMITS@MITCHELLHOMESINC.COM
Address Email
76127
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: NEW SINGLE FAMILY DWELLING Service Size: 200 Amps T-Pole: YES ☐ NO ☒
ML ELECTRIC (919) 337-7002
Electrical Contractor's Company Name Phone
3305 DURHAM DR, RALEIGH, NC 27603 INFO@MLELECTRICSERVICE.COM
Address Email
10696
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NEW SINGLE FAMILY DWELLING
SOUTHERN SEASON'S AIR (919) 413-0084
Mechanical Contractor's Company Name Phone
4500 CLEAR CUT CT, WAKE FOREST, NC 27587 SOUTHERNSEASONS AIR@GMAIL.COM
Address Email
34056
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: NEW SINGLE FAMILY DWELLING # of Fixtures: 12
MGS Plumbing, Inc (919) 390-5801
Plumbing Contractor's Company Name Phone
113 King William Rd Raleigh, NC 27610 FRANCISCOT@ICLOUD.COM
Address Email
35118
License #

INSULATION CONTRACTOR INFORMATION

LAYMAN BROTHER'S (804) 598-8640
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.

A. Farouche
Signature of Owner/Contractor/Officer of Corporation

8/29/2025
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.

A. Farouche
Signature of Owner/Contractor/Officer of Corporation

8/29/2025
Date